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ABSTRACT

Sixteen home economics teachers participated in the workshop, which was designed to prepare teachers to begin an introductory health service program or to broaden the concepts of home economics occupational programs as related to the health occupations field. The workshop was planned by the Supervisor of Personal Services of Detroit Public Schools and members of the Wayne State College of Nursing staff over a 1-year period. Workshop activities included content area lectures, laboratory practice, curriculum interpretation, hospital visits, and video-tape presentations of nursing skills. At the conclusion of the workshop, 13 students felt secure enough to undertake the planning and development of a course and three felt secure enough in preliminary tasks but believed they needed field work before beginning to teach. The greater part of the document is appendixes, including high school level curriculum materials designed by specialists in the Wayne State University, College of Nursing and Education and coordinated in the publication by the workshop director. Also included are suggested floor plans, a community survey instrument, and the workshop questionnaire. (JK)

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HOME ECONOMICS/HEALTH OCCUPATIONS
PROJECT

Wayne State University
College of Education
Detroit, Michigan
1968

VT009771

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Workshop for the Preparation of Teachers Interested In Developing Programs at the Secondary Level for Entry Level Jobs in the Health Occupations

(July 1 – July 25, 1968)

by

Bette LaChapelle
Workshop Director

A Development Project
funded by the
Michigan Division of Vocational Education

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Wayne State University
Family Life Education Dep
Detroit, Michigan

R 233 (SF)

MEMORANDUM

Revised 5/69

TO: The ERIC Clearinghouse on Vocational and Technical Education
The Ohio State University
1900 Kenny Road
Columbus, Ohio 43210

FROM: (Person) Bette La Chapelle (Agency) Wayne State University

(Address) 5029 Second Avenue, Detroit, Michigan 48202

DATE: November 17, 1969 (YOur Copy received 11/12/69

RE: (Author, Title, Publisher, Date) Bette La Chapelle, Workshop for the Preparation of Teachers Interested in Developing Programs at the Secondary Level for Entry Level Jobs in the Health Occupations. (July 1-25, 1968). Wayne State University ~~1968.~~

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Development Group Home Economics Teachers preparing to teach health services courses.
Level of Group Graduate Students.
Method of Design, Testing, and Trial Designed by Specialists from the College of Nursing and the college of Education. Coordianted in the publication by Workshop director. Currently being tested in 5 schools plus more as project report is circulated.

(3) Utilization of Material:
Appropriate Educational Setting High School - 11th and 12th Grade
Type of Program Entry level courses to train health care aides.
Occupational Focus Health services
Geographic Adaptability Any locale
Uses of Material As a curriculum guide.
Users of Material Home Economics teachers.

(4) Requirements for Using Material:
Teacher Competency Teaching certificate in Voc. Home Ec - Knowledgable in using behavioral objective
Student or Trainee Selection Criteria Students, 11th - 12th grade, considering a career in health services and entry at the Aide level.
Time Allotment 1 Semester

Supplemental Media --
Necessary ____)
Desirable X) (Check Which)
Describe Video tapes and student guides.

Source (agency) ~~College of Nursing, Detroit Educ. for Nursing via 2500 megacycle TV~~
(address) ~~Wayne State University, Detroit, Michigan 48202~~

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INTRODUCTION

The Health and Nursing Profession is people caring for people. This concept has great appeal for many young men and women yet with the vast amount of publicity indicating the needs for the highly trained professionals in this field, little has been said regarding the huge demand for the technicians and aides who work with them. According to an article in the September, 1966 issue of Changing Times magazine which dealt with the "good jobs" in the health fields, several interesting facts were stated:

1) 10,000 men and women will be needed every month through 1976 to take choice of 200 different kinds of jobs related to health,
2) college is useful but not required in most of these openings,
3) jobs have increased in this area 55% in the past decade, and
4) for every doctor needed, 12 other people are needed in supporting roles to help him provide the type of care the average citizen demands today.

Many of the jobs in the supporting roles of the health field require technical level preparation or a college degree. There are many others, however, that require a general knowledge of good health practices and how they are applied in entry level positions. This is important in thinking through programs for the secondary level curriculums. Our purpose should not be to prepare students for dead-end jobs but rather to help the individual recognize that certain levels of education enable one to secure various levels of employment. The vocational education program at the secondary level would thus give the student an entree into the field of his choice from which point he does or does not choose to pursue his education further.

The health occupations field continues to have a dearth of competent personnel at the entry level in most institutions requiring such services. As needs at the professional level continue to expand and grow, it becomes increasingly apparent that the secondary schools can make a significant contribution in educating entry level personnel for the health occupations. Discussions with selected hospitals and nursing home personnel indicate that in many instances training programs of sufficient depth and length to give the new employee security in his own knowledge and skill before placing him or her "on the floor" is not being provided. This is not necessarily a decision of choice but of necessity. The professional staff has too many other responsibilities now.

By preparing students in the secondary schools for entry level positions in the health occupations, students can gain a philosophy which relates education to level of occupation. In other words, the preparation would not be for a "dead-end" job but the first step on an employment ladder. Training on-the-job may give the young person a feeling of immobility, since only one specific opportunity may be pointed out to him.

PROJECT

The Home Economics/Health Occupations Workshop was specifically undertaken to discover whether it was possible to provide a concentrated experience for home economics teachers which combined the content discipline and education curriculum theory. It was further planned that, as a result of this combined lecture, discussion, laboratory learning opportunity, the teachers would be able to return to the secondary school and either begin an introductory health service program (Health Services I) and/or broaden the concept of the Home Economics Occupational program as it related to the health field.

Over a period of one year, the workshop director and Miss Margery Trott, Supervisor, Personal Services, Detroit Public Schools, met with Dr. Margaret Shetland, Dean, College of Nursing and key members of her staff. The purpose of these meetings was to plan the total undertaking carefully and to include only those experiences which would be acceptable to all the personnel and agencies concerned. Concurrently, contacts were made with the leading health organizations related in some way to the project to secure comment, materials, and additional ideas.

A proposal for state vocational funding was written in December, 1967. The project approval was received April 4, 1968. The key members of the project met and recommended an advisory committee which would represent interests vital to the undertaking. The members of the Advisory Committee were and continue to be:

Rhoda Bowen, Assoc. Professor, Educ. for Nursing Via TV, College of Nursing, Wayne State University

Lucy Brand, Asst. Professor, Medical-Surgical, College of Nursing, Wayne State University

*Gertrude Capps, Supervisor, Home Economics Sr. High, Detroit Public Schools

John Doherty, Executive Director, Michigan Health Council, East Lansing

Florence Edwards, Home Economics Teacher, Detroit Public Schools

Helen Garvin, Nurse Education Counselor, Detroit Public Schools

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*Mrs. Gertrude Capps retired from the Detroit Public Schools in June, 1968. This position has not been filled.

Eleanor McCrimmon, Consultant, Division of Vocational Education, Michigan Department of Education, Lansing

Margaret Shetland, Dean, College of Nursing, Wayne State University

Margery Trott, Supervisor, Personal Services, Detroit Public Schools

Lottie Waterman, Consultant, Health Occupations, Division of Vocational Education, Michigan Department of Education

WORKSHOP OBJECTIVES

Major Objectives:

1) Understand the scope of the health occupations with an emphasis on setting up high school courses and experiences within these areas.
2) Prepare teachers to conduct health occupation courses in secondary schools through an intensified educational experience in the significant content areas.
3) Develop some curriculum materials for teaching based on the educational experience in the content areas stressing sound educational objectives.

Specific Behavioral Objectives:

1) Demonstrate an understanding of the subject matter related to that required of a nurse's aide by successfully passing a written test.
2) Is able to demonstrate satisfactorily, according to professional nursing criteria, those skills required of a nurse's aide.
3) Relates the knowledge and skills learned in the workshop to the day-to-day learning experiences in a secondary school classroom.
4) Is able to write meaningful behavioral objectives and learning experiences using those concepts discussed in the workshop.
5) Evaluates objectively the student's own work and that of the group.
6) Contributes to the success of the workshop by accepting those responsibilities described in the workshop plan.

PRELIMINARY ARRANGEMENTS

Planning the Workshop Content

To insure the success of the workshop and acceptability of the learning experiences planned for the students, a detailed outline of the health related content and laboratory experiences was developed by the major consultant on the project, Miss Dorothy Hanigan. The related curriculum experiences which would help the students relate their workshop experiences to the day-to-day learning environment of the secondary classroom were also developed at this time. On May 6, 1968, the project director and major consultant met with the Advisory Committee to present the workshop plans, discuss changes and other recommendations, and accept any suggestions which would enrich the program. The specific objectives and experiences were determined at this time but clarified later by the workshop staff. The project director and consultant continued to meet regularly to refine and define the day-to-day knowledge — laboratory — curricular experiences, e.g., a project block plan. It was decided to use those knowledges and skills fundamental to a good nurse's aide's preparation; this being one of the more complex entry level jobs.

In order to maximize the use of both student and staff time, arrangements were made with Miss Rhoda Bowen, Assoc. Prof., College of Nursing, to use eleven (11) Video Tape Lessons which had been developed for the Detroit Education for Nursing Via 2500 Megacycle Television project. These video lessons on basic nursing skills were an integral part of the knowledge and skill portion of the workshop.

To supplement the experiences in the workshop, arrangements were made with four (4) hospitals in the metropolitan area for "a day in the field."* The workshop students and the project director were each assigned to work along with a nurse's aide, a ward clerk, or a dietary aide.

It was decided, prior to the beginning of the workshop, that formal evaluation instruments (except as they related to content and skills) would not be appropriate for the objectives. Open-end questions would be given to the students to take home and return on the last meeting day. This was coupled with a brainstorming — evaluation — discussion which was tape recorded.

Contacting Potential Students

A descriptive brochure was developed which explained the general format of the workshop. The brochure, accompanied by a note requesting that the material be shared with the Home Economics staff, was mailed to each secondary school principal in the state of Michigan. It was understood that ideally the project would be limited to a minimum of 16 students (and a maximum of 24), but it was important to give visibility to the concept involved since many schools may not have considered this dimension of a vocational program for secondary school pupils.

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*The hospitals participating in the program were: Harper Hospital, St. John's Hospital, Henry Ford Hospital, and Hutzel Hospital.

THE WORKSHOP IN ACTION

The workshop for Home Economics teachers interested in secondary school entry level programs in the health occupations at Wayne State University began on July 1st and ended on July 25, 1968.* Sixteen teachers from the metropolitan area of Detroit enrolled in the workshop. Of this number, four (4) were currently involved in some type of health services program.

Workshop Facilities

The College of Nursing at Wayne State University provided excellent facilities to implement the objectives of the workshop. Three separate rooms were made available appropriate to the task at hand: 1) a large conference room which was home base, study area, materials center and afternoon curriculum laboratory, 2) a small lecture auditorium equipped with television receivers, demonstration stage, built-in screen, etc., and 3) a nursing laboratory equipped with 12 hospital room stations. A student lounge was adjacent to the latter two areas providing for relaxation and snacks during class "breaks."

Student Responsibilities

Each student was responsible for the following:

- Attend all morning and afternoon sessions.
- Act as secretary** for one day of the workshop.
- Acquire understanding and ability to relate to others, the "content" related to the health services presented in the morning sessions.
- Develop and present to the workshop one of the projects suggested for the workshop on July 25 or July 26, 1968. The project must be written out in detail and turned in to the instructors on the day of her oral presentation.

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*It is planned that the majority of these students will return in the summer quarter, 1969, to complete the clinical aspect of the project.

**The daily workshop secretary will write concise, objective notes on the day's activities and content. These will be shared at the beginning of each p.m. session of the following day for approval and the supplementary comments of the group.

- Purchase a lab coat and textbook for personal use.

  The textbook for the course is:

  "Training the Nursing Aide," Instructor's Guide.
  Hospital Research and Educational Trust,
  Chicago, Illinois, 1965.

- Participate in and contribute to the discussions and work of the workshop.
- Read Cooperative Occupational Education by Ralph Mason and Peter Haines, 1965. Chapters 3 through 11. (Copies found in 4th Floor Educ. Library.)
- Be prepared for the daily video tape lessons by reading through the objectives and outlines provided.
- Read from the supplementary bibliography provided by the staff.

Workshop Format

With the exception of the first day, the last two days and the "field" day, the workshop followed a similar daily procedure: (See appendix for details)

a) Introduction to the content area
b) Video-tape on nursing skill(s)
c) Coffee break
d) Lecture and discussion
e) Lab practice
f) Curriculum interpretation

The first day of the workshop was devoted to an orientation to our objectives and an understanding of the importance of this project. The highlights included the following:

- Introduction to the Workshop - Bette LaChapelle
- The Health Services Field: Needs and Education - Dean Margaret Shetland, College of Nursing, Wayne State University
- Tour of the Workshop Facilities - Dorothy Hanigan
- "Needs for Secondary School Programs in the Health Services Field and On-Going Programs" - Lottie Waterman, Consultant, Health Occupations, Michigan Department of Education
- "Recruiting for Professional Nursing Education" - Nurse Education Counselor, Detroit Public Schools

The "field" day or hospital visit objectives and guide may be found in the appendix. This was an invaluable experience. Everyone was impressed with the fact that the hospital personnel who were acquainted with the purposes of the workshop tasks were highly receptive to the idea. This was particularly true of a number of nurse's aides with whom the director conversed. They felt they might have been far more secure and effective on the job with the type of training we were proposing.

The last two days of the project were spent in hearing project reports and recommendations and a verbal evaluation of the total experience. From the staff's perspective, it was very apparent that this particular group of students had come with a committment to learn, to contribute what it was possible to give, and to take back as much as they could glean from their experience in the group. Far more effort was put forth, by the majority of the students, than was expected. It was apparent, also, that the majority of class members had developed strong group cohesiveness and loyalty, as well as strong and positive rapport with the staff. These latter group characteristics enabled us to evaluate verbally in an open, honest manner.

EVALUATION AND RECOMMENDATIONS

Two types of evaluations were used in the workshop: 1) combination of written and practical tests to determine the students comprehension of content knowledges and skills in performing nursing tasks required of entry-level workers, and 2) an open-end questionnaire to determine the student's reaction to their experiences in the workshop. Part I of the questionnaire (see Appendix E) asked the student to discuss how the workshop objectives were met from her own point of view. Part II requested the student to evaluate the strengths and weaknesses of the workshop and the perception she now held of herself in relation to developing and/or teaching a Health Services I course. It was suggested that the student write Part II anonymously. Only two students availed themselves of this option.

A third evaluation technique was used but is not included, for the most part, in this paper. The staff decided that a strong rapport had been built with the members of the workshop which should enable them to evaluate verbally with the group. It was felt that this "conversation" would produce additional information which students might have forgotten but would recall as other class members provided stimuli. This conversation took place on the last day of the workshop and did produce both a lively discussion and additional information. The conversation was tape recorded but a type-script has not been made at this point. It is planned that this material will be available by the time the workshop group completes their cooperative work experience in the summer session, 1969.

Student's Concept of Workshop Objectives

1. It was unanimously agreed that objectives one, two and three, of the workshop, were met successfully.
2. The feasibility factor was explored and the majority of students assumed the projects would continue and made recommendations (see next topic) from that frame of reference.
3. The strengths of the workshop indicated by the greatest number of students (10 or more) were:
    - a) the team approach used by the staff
    - b) the positive attitude toward the students of the College of Nursing staff
    - c) the video-tape lessons
    - d) the guest speakers
    - e) the participation in a local hospital program
    - f) working together to produce materials which everyone could accept and use (several people had never had this type of experience)
    - g) working together in the lab to learn new skills
    - h) the enthusiasm and committment of the workshop members
    - i) the facilities and equipment used for the workshop
    - j) coordinating knowledge and content with curriculum theory
4. The weaknesses of the workshop as indicated by the greatest number of students (six or more) were:
    - a) Not enough time:
        - 1) to do all the reading available
        - 2) to spend in the lab
        - 3) to work on the individual project
    - b) a need for more than one copy of some materials on the bibliography
    - c) the staff had not planned enough "wiggle" time in either the a.m. or p.m. There was a need to move about more.
    - d) a need for a field experience in a nursing home as well as a hospital
5. The minutes taken daily by a workshop member, duplicated, and shared the next day, were mentioned often as a strength of the workshop. They are referred to individually because they provided a dimension which had not been planned.

    The minutes were originally intended merely to keep a running account of what happened day-to-day, from a student's point of view. In addition, they provided the staff an opportunity to check the accuracy of the information being taken in notes. By calling attention to points which needed clarification and general comment on the minutes by the class, a daily evaluation of the previous day's focus was added.

Student Recommendations

1. Publish the materials developed cooperatively in the workshop as a part of the report indicated in the proposal which provided for this summer's experience.
2. In any succeeding workshops, more time should be allowed to work on the projects with consultants help available.
3. A clinical experience (cooperative work education) should be planned as a follow-up or integral part of the Home Economics/Health Occupations Training pattern for teachers. There was no consensus as to the time but it was agreed by the majority of students that it must be preceded by the Workshop which included theory, laboratory experience, and curriculum development.
4. In succeeding workshops, more time should be allowed for practicing and developing skills.
5. The workshop should be held for 5 weeks rather than 4.
6. The project should be continued and materials such as those developed in this workshop, should also continue to be an integral part of the requirements for the teachers participating.
7. If more time can be made available, teachers should be required to present one mini-lesson to the class.

Student Self-Concept In Relation to a High School Course

1. Thirteen students felt secure enough to undertake the planning and development of a course for one or more of the following factors:
    a) the wide variety of skills learned
    b) the breadth of content learned
    c) moral support from the university
    d) the materials which were developed in the workshop
2. Three students felt secure enough to undertake the planning, selection of an advisory committee and other preliminary tasks but felt the need for some work in the field before beginning to teach a group of students.
3. Twelve students indicated an interest in returning summer session, 1969 to participate in a clinical experience.

HOME ECONOMICS/HEALTH OCCUPATIONS WORKSHOP MEMBERS

Marie Bright
Marjorie Drummond
Florence Edwards
Cora Eubanks
Shirley Gallagher
Marie Gardner
Sylvia Johnson
Constance Level
Noreen Mader
Rosemary Malish
Marilyn Martin
Kathy Meagher
Jessie Moner
Anna Mae Rittinger
Ferolyn Strait
Marilyn Wickett

As indicated in the evaluation comments, the success of the workshop was due, to a great extent, to the committment and energy expended by the student members. Many other materials were developed but could not be shared at this time for various reasons. It is hoped that these materials will be of some value to the teachers using them. Any suggestions or comments will be greatly appreciated by the staff.

APPENDICES

APPENDIX "A"	1. Suggested Outline for Health Services I 2. Curriculum Plan for Health Services I 3. Suggested Outline for Health Services II
APPENDIX "B"	Suggested Bibliography — Secondary School Health Acceptance Course(s)
APPENDIX "C"	Suggested Floor Plans for Secondary School Health Occupation Classroom(s)
APPENDIX "D"	Suggested Community Survey Instrument
APPENDIX "E"	Workshop Questionnaire

APPENDIX A

Curriculum Materials

Tentative Outline, Health Service I

Unit I Orientation

- A. Scope of Health Service field
    - 1. Different roles of personnel
    - 2. What you can expect as well as contribute
- B. Why hospitals are needed
    - 1. Why health services are needed
    - 2. Needs for Health Service personnel
    - 3. How program started in the Detroit Public Schools

Unit II Organization

- A. Role of members in the health team
- B. Functions of departments of hospital and/or other health institution

Unit III Personal characteristics and ethics

- A. Grooming
    - 1. Personal hygiene
    - 2. Appearance
- B. Human Relations
    - 1. Attitude
    - 2. Empathy
- C. Behavior
    - 1. Respect for authority
    - 2. Manners and courtesy
    - 3. Integrity
    - 4. Responsibility, dependability
    - 5. Sense of humor
    - 6. Pride in work
    - 7. Motivation
    - 8. Cooperation
- D. Ethics
    - 1. A set of moral principles or values
    - 2. Ethical values of the medical and nursing professions

Unit IV Responsibilities of the Health Team

- A. Medical asepsis
- B. Body Mechanics
- C. Safety
- D. Communications

Unit V Admission and discharge and transfer of patient

- A. Routine
    - 1. Taking Basic Data
        - a. Health history
        - b. Personal history
    - 2. Care of personal belongings
        - a. Clothing
        - b. Valuables
        - c. Other
- B. Attitude of admitting
    - 1. first impressions matter
- C. Communications
    - 1. giving patient information
        - a. hospital routine
        - b. mealtimes
        - c. visitors
    - 2. obtaining information
    - 3. relaying information
- D. Discharge procedures
    - 1. regular
    - 2. against medical advice

Unit VI Preparing the environment

- A. Cleaning and general care of unit
    - 1. removing used equipment
    - 2. principles of disinfection and sterilization
    - 3. applying principles to unit and equipment

- B. preparing for new patient
  - 1. making unoccupied bed
  - 2. replacing equipment
    - a. bedpan, emesis basin, wash basin
    - b. linens, towels, patient gown, soap

Unit VII Patient Care

- A. Elimination
- B. Washing face and hands
- C. Oral care
- D. Hair care
- E. Method of Transfer and Ambulation

Unit VIII The Human Body (Physiology and Anatomy)

- A. General Overview of Body Structure
  - 1. cells
  - 2. tissues
  - 3. organs
  - 4. systems
  - 5. body regions
- B. Skin, first line of defense
  - 1. structure and function
  - 2. decubitus ulcers, prevention and treatment
  - 3. temperature, [redacted]
- C. Musculo - skeletal system
  - 1. structure
  - 2. body-mechanics for the patient
  - 3. contractures, cause and prevention
- D. Digestive system
  - 1. structure
- E. Elimination
  - 1. structure and function — urinary
  - 2. structure and function — bowel

F. Circulatory system

  1. structure and function
  2. pulse, a cardinal symptom

G. Respiratory system

  1. structure and function
  2. respiration, a cardinal symptom

H. Nervous system

J. Reproductive system

  1. structure and function

(Although the outline appears to be quite detailed, the major purpose, as shown, is to understand the structure and function of the various parts of the body rather than process framework to be used in the second course experience.)

Unit IX Getting A Job — This area was not developed in the specific guidelines.

INTRODUCTION

In the course of the Workshop, the following curriculum materials were developed by the student members with assistance from the staff. Although the materials have been developed in relation to institutional expectations, each local school system will need to interpret the ideas in relation to their own situation.

It is proposed that the materials be used in a classroom and then re-evaluated. Particular time periods have been recommended for each unit based on a class of average intelligence working with normal skill abilities. Adjustments should also be made in this area to meet the needs of a particular local program.

In the short span of time available, no attempt was made to identify generalizations for each area. The focus, instead, was on the major concepts to be developed. The video tape guides which each workshop member purchased had excellent materials on this subject and repeating the task merely as a class exercise was not considered sound educational practice.* The principles related to medical asepsis will probably never be forgotten!

The four (4) key questions which were applied to every practice or procedure in the guidelines are:

1) Is it safe for the patient and the health aide?
2) Does it follow the principles of medical asepsis?
3) Does it follow an organized method? and
4) Does it waste time and energy?

Behavioral Objectives

The objectives are stated in behavioral terms in relation to the student. Small emphasis is placed on "what the teacher does" assuming that it is her responsibility to develop the learning opportunities within which the objectives will be achieved. The emphasis should continually be on the student understanding "why" tasks are performed in a specific way. The student should also know and understand why routines and orderly procedures have been developed. Creativity and ingenuity in proceeding with responsibilities are very limited, if allowed at all.

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*Basic Nursing Skills: Unit I - Student Study Guide, Detroit Education for Nursing via 2500 Megacycle Television, College of Nursing, Wayne State University, Detroit, 1967 (DENT - used in curriculum material to identify these tapes.)

Content

The content presented is comprehensive but by no means, exhaustive. It is meant merely to act as a guideline in determining the direction of the various units. Some units present more detail than others for emphasis. In other units, the teacher is left with many choices.

There is deliberate overlapping and repetition of both content and learning. This is based on the theory that as a student successfully repeats a performance or understanding he knows, he will become more confident in performing the task. The student will also understand the basic principle involved and recognize its use in a variety of responsibilities. Increasingly, as the course progresses, the student will identify commonalities in the application of the principle involved.

Learning Opportunities

The learning opportunities presented are suggestive and, in most units, are not meant to be used in total. Time will not permit this. The local teacher may not consider any of them appropriate. She should then insert extra pages and develop additional ideas.

The classroom facilities will determine, to a great degree, whether the whole class can participate in a learning at the same time or whether parallel learning related to the concept under study needs to be planned. The supplies available, particularly linens, will also determine classroom activities.

The number assigned to a class is a vital factor. The greater the number, the greater the task the teacher will have in checking a student's performance of the skills. It is recommended that a maximum of 24 students be enrolled in a Health Services I course; a maximum of 16 students in Health Services II; and, a maximum of 10 students be supervised by the same coordinator in the cooperative experience. Ideally, the cooperative experience should be directed and supervised by a member of the health agency. The coordinator's role would then be to organize placement, follow-up, and evaluation procedures.

Evaluation

Continuous evaluation is structured into the learning opportunities. In addition, a comprehensive practical and written evaluation needs to be developed to determine who may elect Health

Services II. The objectives for the final evaluation should include the cognitive, affective, and psychomotor dimensions of learning.

UNIT I – ORIENTATION TO HEALTH OCCUPATIONS

(Recommended time period: 4 - 6 weeks for Units I & II.)

Major Objectives:

1) Is able to give a definition of Health Services.
2) Can identify and describe a selected number of health occupations requiring:
    a) professional training,
    b) technical training,
    c) high school training.
3) Participates in class discussions focusing on needs in the health field.
4) Learns about the history of hospitals and other health institutions, as well as their expectations, policies, and routines.

Specific Objectives:

a) Categorizes the needs for and of health service personnel.
b) Defines the jobs of selected members of the health service team.
c) Makes lists of skills and responsibilities of the health service team.
d) Visits at least two (2) different health service agencies, preferably as a part of a school group and writes an anecdotal commentary on the experience.
e) Begins to use the vocabulary and terminology of the health service field.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Health service field	A. Health service institutions 1. hospitals 2. schools 3. convalescent homes 4. clinics 5. offices 6. others B. Health service personnel 1. professional a. Board of Trustees b. directors c. administrators d. nursing staff e. medical staff f. food service staff 2. non-professional a. aides b. orderlies c. attendants d. housekeeping staff e. clerical staff f. dietary aides g. others	1. Students keep a notebook to be used as an on-going reference. 2. Students compile a list of hospital personnel with whom they are familiar. 3. Review reading material and then compile a list of personnel which belongs to the health service field. 4. Define the health service team. 5. Appraise the responsibilities of the health service team. 6. Prepare questions to be asked when students tour health service institutions (health care agencies). a. training b. functions c. responsibilities d. salaries e. time schedules, etc. 7. Observation of health personnel students select area of interest, divide into small groups, decide on institution to be toured, contact institutions, plan tours, get permission (school and home). Tour health service institutions. 8. Interview personnel of the institutions. 9. Identifies different kinds of medical, dental, and health related specialists and their role in health service. 10. Guest speakers of health service personnel to present their experiences. 11. Discuss line-staff personnel and the correlation of their responsibilities to the health service team.	Relate information obtained to entire class by oral, student reports. Develop flow chart of vertical advancement after sorting information given by guest speakers. Test student comprehension of the health service field. (Quiz, checklists, etc.)

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Health service needs	A. Needs in health service institutions.	1. Read materials giving information on needs of health service institutions.	
		2. Classify the needs of various health service institutions for clarification of the needs.	
		3. Discuss ways and means of fulfilling these needs of the health service institutions.	
	B. Needs for health service personnel.	1. Define the needs for health service personnel.	
		2. View visuals for identification, seeing in action, and evaluating the needs of health service personnel.	Summarize the needs and methods of fulfilling on the chalk board so students can see how these are present in all institutions.

UNIT II – HEALTH FACILITY: ORGANIZATION AND STAFF

Major Objectives:

1) Is able to name the entry level members, technical personnel, and professional staff of a health team and describe their role in the total team effort.
2) Can explain the relationship of the various departments in a hospital or other health facility.
3) Observes general floor plans of a health facility and explains why departments are located in specific sections of the building.

Specific Objectives:

a) Makes a list of duties for each member of the health service team.
b) Define how these duties should be performed.
c) Describe how these duties are performed.
d) Visit a health agency to see these duties performed.
e) Look at hospital or health facility floor plans in books, films, transparencies and/or overhead projections.
f) Visit as many different departments in a health agency as can be arranged.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Entry level jobs	1. Job titles a. clerical aides b. food service aides c. nursing aides d. housekeeping aides e. orderlies f. attendance, etc.	1. Set up criteria for becoming a member of the health service team. 2. Teacher introduce the importance of having good personal characteristics to be a health team member. (Unit III.) 3. View film on the entry levels of the health service team to stimulate the class discussion of the entry levels at which the members of the health service team begin. (Teacher select from suggested audio-visual tools of bibliography.)	Posters made by students to depict the different members of the health service team, to aid the student to learn about members. (Use stick figures, descriptions written, magazine pictures mounted and described.)
Health care agencies history (hospital)	1. Historical facts 2. Growth of purpose of the health care agencies.	1. Gather and assemble historical facts by reading supplementary materials. 2. Read medical history texts on: Lister Pasteur Nightingale, etc. to obtain historical facts.	Class discussions on historical facts of health care agencies so that all can be exposed to the information. a) Panel presentations b) Symposiums c) Individual reports Set up criteria to evaluate the thoroughness with which each student explored his topic. Criteria should be determined by the class.
Health care agencies organization (hospital)	1. Health care agencies operation. a. policies b. departments	1. Collect and review health care agencies policies to find out how these agencies are operated. 2. List the different departments of health care agencies and their functions. a. describe the business department and the functions. b. describe the patient care departments and the functions.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Health care agencies organization (hospital) cont'd.		c. describe the employment department and the functions. 3. Show various floor plans to class and have the students point out the: a) clusters of facilities, b) travel paths for various patient types, and c) distance between departments.	Evaluation of kinds of health care agencies. Students plan, contact, and visit different health care agencies so first hand knowledge can be obtained and presented in class. This visit might be for a week end so time would not be missed from other classes.

UNIT III – PERSONAL CHARACTERISTICS

(Recommended time period: Approximately 3 weeks.
Individual group needs may extend this time.)

Major Objectives:

1) Acquires grooming habits which create an immaculate appearance evidenced in class every day.
2) Knows and practices correct posture and good body mechanics.
3) Can explain the role of sound nutritional practices to good health and personal appearance.
4) Develops positive attitudes towards work and the dignity of work which are evidenced in all class work.
5) Carries on a conversation effectively with another person.
6) Is able to explain "ethical behavior" and its significance to the health team.

Specific Objectives:

a) Gives every indication of cleanliness and uses make-up discriminately.
b) Wears clothes suitable for age and size.
c) Is able to work as a team member or leader in the classroom situation accepting responsibility for tasks undertaken or assigned.
d) Is courteous and well-mannered at all times, showing consideration for peers and respect for adults.
e) Employs good health and nutritional practices as evidenced by clear skin, clean hair and fingernails, sound teeth and other positive physical characteristics.
f) Practices medical aseptic techniques in class at all times.
g) Is able to observe the behavior of others and record it objectively.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Good Grooming	A. Personal Hygeine 1. Cleanliness a. Skin b. Hands and feet c. Teeth d. Hair e. Clothing B. Feminine hygiene	Each student develop a chart of daily grooming and health habits. Give "quickie" demonstrations on accepted methods to: a) clean skin b) apply make-up discretely c) care for hair simply d) maintain sound teeth e) keep hands and nails neat f) other areas indicated by class	Have each student take a personal inventory and determine, with teacher's help, areas of increased attention. Re-check inventory every 4th week throughout course. If needed, appropriate change should take place.
	C. Personal Impressions 1. Cosmetics a) face b) hands c) feet d) hair 2. Voice and diction a) pitch b) tone c) enunciation d) a line of communication	Discuss the use of cosmetics. — the amount — the kind — the reasons View the film "A More Attractive You." Set up a display of student grooming aids. Prepare a composite picture of what student thinks the patient expects of health team member in the area of grooming. Discuss dangers of borrowing lipstick, comb, brush and other personal grooming articles. Observes a beautician's demonstration of "easy care" hair styles. Listen to a conversation between pairs of students in a patient-aide skit recorded on a tape. Role play several types.	Observe continued practices of students throughout the course.
	D. Dietary 1. Balanced meals 2. Regularity of mealtime 3. Empty calorie snacks or meals 4. Fatigue caused by diet.	Students view transparencies of reproductive system and elimination system. a) Explain relationship of good cleanliness and dietary habits to effective functioning of systems. b) Discuss problems which may be created by poor habits.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Good Grooming cont'd.		Make a chart showing cause and effect of being: under - nourished over - nourished (Fat Granny and Weak Wilma)	
	E. Posture and Body Mechanics	Prepare a skit on Good Posture using the National Dairy Council materials.	Observe students on a regular basis for good posture practices.
	1. Efficiency		
	a. body alignment b. activity c. inactivity	Explain the thought — First impressions are based on personal appearance.	Each student do a personal evaluation of her posture. Have a photographer take pictures of each girl sitting and a side-view standing.
	2. Exercise	Invite a model to attend class to talk about the importance of posture.	
	3. Comfort 4. Fatigue	Re-view transparencies on reproductive systems and list the apparent effects of poor posture on the menstrual cycle.	
	5. Safety		
	F. Sleep and Rest	Discuss the effects of sleep on all the body systems.	
	1. Fatigue 2. Emotional effects 3. Exercise as a form of rest	Explain role of proper shoes and clothing on posture.	
		Role-play situations where the individual who has:	Develop a written evaluation to determine student's concept of good grooming and good impressions.
		a) "tossed and turned" all night	
		b) stayed up to watch the late, late show	
		c) dated every night in the week	
	G. Medical Asepsis	Define medical asepsis.	Observe student hand-washing practices throughout course.
		Demonstrate proper hand-washing techniques.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Good Grooming cont'd.		Use petrie dishes of agar to show students how many bacteria remain on hands after aseptic handwashing, or other.	Evaluation in this unit must continue throughout the course to emphasize continued practice rather than a limited experience.
Human Relationships	A. Good nurse-aide — patient-staff relationships 1. Learn to listen 2. Avoid hostile and aggressive behavior 3. Address all staff members by last name with proper prefix 4. Always use proper lines of communication 5. Take problems about patient care to team leader 6. Follow orders. If they conflict, discuss with team leader. 7. Be discreet about personal problems: your own and patients	Write a short paper on: "First Impressions May Be Hard To Change" Practice recognizing logical and illogical feelings of patients through skits and/or role playing. Develop a chart showing divisions of nursing services in a department or floor area. Discuss inter-relationships of various hospital units in light of this concept. React to the statement: "Every health team member is important."	Divide class into pairs to develop skits depicting good relationships and ineffective relationships. Have each pair focus on a different setting: — the older patient — the child — the new mother — the immobile patient — the incontinent patient — and others Balance of class can, in each case, determine the factors which led to the resulting relationship.
	B. The Aide's Role 1. Qualities important to developing relationships 2. Skill and confidence in performing duty 3. Loyalty 4. Dependability 5. Empathy, not sympathy	Role play introducing a new patient to his room-mates. Define new terms to help patient understand the conversation. Compare empathy and sympathy. Practice inter-acting with other class members.	Write a comparison of working with a demanding patient vs. a cooperative patient. Practice moving around the room quietly.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Human Relationships cont'd.	C. Courtesy 1. Manners 2. Etiquette 3. Emotional Control	Describe various reactions of a new patient. What determines fear and anxiety.	List ways in which hospital staff can extend social courtesies.
	D. Integrity 1. Honesty 2. Respect for patients possessions	Interview a health team member. What are the general health institution rules.	
	3. Follow rules a. call in for absence 2 hours before work time b. call for tardiness 4. Aim to please in a therapeutic way	Make a chart comparing rules brought in by the whole class.	
	E. Responsibility 1. Safety	Write a skit for a puppet depicting a responsible health team member in action. An irresponsible member.	
	a. use and care of equipment	a. toward care of aged	
	b. correct routine and procedures	b. treatment	
	c. use of oxygen d. know name, room number, and bed number of each patient	c. education of patient	
	2. Economy a. waste of supplies and equipment	See and write a reaction to the film, "For the Love of Life"	Have a spelling bee on words learned to date.
	b. waste through neglect c. stealing	Discuss: Living in a hospital, i.e., being a patient.	Using a Keyword Board, students develop a crossword puzzle using health words.
	F. Mental Health		
	1. Emotional reactions 2. Emotions affect health a. physically b. mentally	Discuss and define: sublimation identification compensation rationalization	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Human Relationships cont'd.	3. Learn to accept what you cannot change:		
	a. talk out problems b. release tensions		
	4. Learn to get along with others		
	5. Accept yourself and your role		
	6. Relate to patient's family and health team positively		
	7. A sense of humor		
	G. Pride in work	Students "brainstorm" the idea that the responsible workers are happy workers.	
	1. Responsible attitudes toward work		
	2. A job well done		
	H. Spiritual needs of the patient	Become familiar with various religious faiths by making a list of church sects and related symbols.	
	1. Chapel		
	2. Chaplain and other religous staff	Learn titles of leaders of various faiths. Practice addressing leaders by title.	Take a "quickie quiz" to match leaders and titles with the faiths they represent.
	3. Religous symbols		
	4. Empathize with patient who wants to pray or read religous book	Invite a hospital chaplain to visit the class and talk about his role and responsibility.	
	5. Requesting a cleric		
Respect for Authority	A. Hospital Rules	Discuss:	Use a check-list to determine students concept of health facility expectations.
	1. Personal phone calls	— conditions of employment	
	2. Use of alcohol	— causes for dismissal	
	3. Smoking		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Respect for Authority cont'd.	4. Statements to press 5. Absence from work 6. Using hospital address for personal mail		
	B. Personnel policies and regulations 1. Check in — time clock 2. Uniforms, badges, etc. 3. Cleanliness 4. Staff behavior a. in halls b. in patient rooms c. with patient's family 5. Accepting tips and gifts	Discuss and define: pride, honesty, freedom, love, hypocrisy, faith, devotion mercy, prejudice, morality, discipline, tolerance, brotherhood, idealism Students add words or clauses which they feel were omitted.	Begin a self dictionary which by the end of the course should include most of the words which are commonly used in a health facility.
	C. A Code of Ethics 1. Conserve life and promote health 2. Continuously study and keep up to date 3. Never leave a station until relief has arrived 4. Respect all religious beliefs 5. Keep all confidences 6. Report any patient changes immediately 7. Know your limitations 8. Seek advice when you don't understand. Be sure! A life may be at stake.	The code is principles to live by to preserve order and promote the safety of society's members. Discuss and develop the type of code the class would expect to find in a health facility.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Respect for Authority cont'd.	**9. Must not participate in unethical procedures** **10. Loyalty to institution and patients** **11. Give consciencious service for remuneration received**		

UNIT IV – GENERAL RESPONSIBILITIES OF HEALTH TEAM

(Recommended time period: 2 weeks)

(General concepts involved are related to for the balance of the course.)

Major Objective:

Show an awareness of the responsibilities of the health team by continued practice of the basic principles of medical asepsis, body mechanics, safety and communications as these relate to themselves and the patient.

Specific Objectives:

Define the term "medical asepsis."

Describe two ways in which micro-organisms are spread.

Washes hands properly to reduce transient micro-organisms.

Understands the meaning of and is able to use proper body mechanics in all activities. Applies body mechanics to reduce fatigue and conserve energy. Alters body position to maintain balance and look efficient.

Demonstrates awareness that safety is a responsibility of each health team member toward patients, themselves, and other employees by practicing safety rules of institution:

Can explain the relationship between physical and mental health and how they may be affected by similar conditions.

Demonstrates through participation in class learning an understanding that effective communication reduces stress and provides satisfaction for those persons involved.

Is able to communicate effectively on both verbal and non-verbal levels.

NOTE: As indicated above, it is assumed that the general concepts developed in this unit will be used throughout the course. Those persons planning these materials felt that though this would be true, some special attention should be given to these 4 areas since they are of such great importance and must be understood thoroughly.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Medical Asepsis	I. Need for medical asepsis A. Definitions: 1. Asepsis 2. Micro-organism 3. Pathogen 4. Protein	1. Pass worksheet on which each term is spelled correctly. Allow space for students to jot notes during the lecture.	**ARROWS INDICATE THAT THE LEARNING OPPORTUNITY MAY ALSO BE USED AS AN EVALUATION TECHNIQUE.*
	5. Contamination 6. Infection	2. Demonstrate aseptic handwashing procedures, emphasizing adequate soap, friction, time and drying techniques.	
	7. Disease 8. Disinfection 9. Sterilization 10. Antiseptic 11. Communicable Disease	3. Students practice aseptic handwashing under teacher's supervision, giving special attention to the use of friction, time, soap and paper toweling.	
	12. Inanimate vector B. Responsibilities of health team member:	4. Students view live yeast culture through a microscope to see how bacteria grows. If possible, see slides of other bacteria.	Draw a picture of the yeast observed.
	1. Reduce number of micro-organisms a. wash hands properly and often	5. Demonstrate the use of paper tissue in coughing and sneezing. Emphasize covering the mouth, folding the contaminated area inward and disposing of the tissue properly.	Students refrain from habits which may be harmful to others, such as coughing into another person's face.
	b. cover coughs and sneezes with tissue properly.	6. Student dramatize skit showing correct and incorrect methods for using tissues.	Identify clean and dirty areas in a health institution.
	2. Prevent spread of micro-organisms a. work from clean to dirty	7. Class views film on asepsis, for example, *Hospital Sepsis* or *Linen Handling In Nursing Homes.* Follow the film with buzz-group discussions of sanitary techniques.	
	b. clean away from yourself c. avoid raising dust	8. Discuss by brainstorming the separation of hospital patients into isolation, medical and surgical areas. Why is this done? Stress medical asepsis.	
		9. Students grow agar cultures in Petri dishes; expose to students hands which:	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Medical Asepsis cont'd.	II. Aseptic methods A. Wash hands using adequate soap, friction and time. B. Identify areas which are clean and dirty to the patient and to the health aide. C. Care of contaminated items: 1. Discard, if disposable 2. Sterilize 3. Disinfect	a. have not been washed b. have been washed 1. 1 minute 2. 2 minutes 3. 5 minutes c. area under a ring Compare the results.	
		10. In discussion 66, study up-to-date statistics on spread of disease in hospitals. Use figures for local agencies, if available.	
		11. Students brainstorm to analyze and evaluate written case studies of home and agency health practices.	In written assignment, students analyze health practices in one case study, emphasizing asepsis.
		12. Invite a physician to speak on good home health practices; make a list to follow as a high school student.	
		13. Demonstrate how to handle, clean, or dispose of contaminated equipment.	
		14. Role-play to illustrate ways in which micro-organisms may be spread directly from one person to another or through an inanimate vector.	
		15. Students dramatize by playlet, procedures to use when visiting sick friends in the hospital. Emphasize asepsis, for example, not sitting on the patient's bed.	Written objective test: from a list, select those health practices which violate principles of medical asepsis.
		16. Invite a nurse to speak on asepsis, including aseptic procedures which the health aide should follow on the job, and the role of asepsis in home safety.	Evaluate personal health practices; each student does this privately. Students try to substitute a good habit for a septic one.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Body Mechanics	I. Need for proper body mechanics. A. Definitions: 1. Body mechanics 2. Good posture 3. Balance 4. Equilibrium 5. Muscles 6. Momentum	1. For homework assignment students read the chapter on posture in *Beauty, Charm and Poise.* 2. Teacher-guided question-and-answer discussion of the reading assignment. Emphasize comparison of illustrations of good posture and poor posture in various tasks and positions.	
	B. Importance of body mechanics to patient and to health aide: 1. Reduce fatigue 2. Conserve energy 3. Provide comfort 4. Insure safety 5. Working, feeling, and looking better	3. Invite the dance teacher to demonstrate to the class proper ways of standing, sitting, walking, etc. Students then try to imitate her and ask her to correct any mistakes they may make.	Identify principles learned in physical education class and how they relate to a health team member.
	II. Good posture. A. Needed in rest and activity. B. Guides to good posture:	4. Students act out skits to demonstrate good posture in situations such as these: a. carrying school books b. pushing desk c. directing vacuum cleaner d. counting pulse or respiration e. etc.	Written quiz or assignment: students list principles of body mechanics and state a situation when they could apply each principle, including how the principle would be applied and why use of principle saves energy and fatigue.
	1. Use strongest and longest muscles.	5. All students in class practice activities in 3 and 4 above during lab. section of class period.	
	2. Work close to the object.	6. Borrow a chart from the biology room to show long muscles and short muscles.	
	3. Roll, push, or pull objects when possible.	7. Using rubber bands, explain how muscles work.	
	a. use body weight as a force when pushing or pulling b. Do not lift when you can push, pull, or roll	8. Class views film on the importance of good body mechanics such as *When Sally Fell* from the U.S. Public Health Service. Follow film with circular discussion regarding the need for proper use of the body and its muscles.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Body Mechanics cont'd.		9. Pass leaflets to students *Take It Easy by the Way You Use Your Body.* (Mich. State Univ. Co-operative Extension Folder F-257.)	Practical test: each girl receives a grade in body mechanics as she practices tasks which an aide would perform such as making the unoccupied bed and giving the bedpan.
		10. Several girls might group together to prepare a bulletin board or poster using magazine illustrations or cartoons to picture good posture while: a. Standing b. Walking c. Using stairs d. Bending e. Lifting f. Reaching g. Sitting	Girls examine snapshots of themselves to note the posture and try to improve it if it is poor. Before and after snapshots might also be employed. Girls appear more poised and balanced as they go through the school day.
		11. The class watches a young mother demonstrate care of a small child. Note her use of body mechanics, good and/or poor. Possible areas to demonstrate are feeding and diapering; lifting and carrying.	
Safety	I. Importance of safety. A. Definitions: 1. Safety 2. Prevention 3. Health 4. Accident 5. Hazards	1. Teacher presentation: lecture about safety stressing the types, importance and principles involved.	Objective written quiz: students are given a list of situations and they identify safe and unsafe safety practices.
	B. Safety provides protection for: 1. Patients 2. Members of the health team 3. Public relations	2. In question-and-answer discussion, students list safety rules. These may be recorded on the chalkboard. Discuss reasons for following each rule: a. in the Health Services classroom b. in the hospital or other health agency	Students evaluate classroom safety practices and place ideas for improving them in question box.
		3. Students do research in school library on safety: a. at home b. at school c. in hospital d. in nursing home	Students demonstrate their safety skills by putting equipment away after using it. Class develop a safety manual, to be used during the balance of the course. Additions can be made as new concepts are introduced.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Safety cont'd.	C. Principles of safety: 1. Hospitals have hazards 2. Accidents can be prevented 3. Co-operation among staff members is essential in any safety program 4. Successful safety program saves much time, money, and personnel. II. Areas of physical safety. A. Accident prevention. 1. Proper use of equipment: a. call bells b. furniture arrangement c. bed side-rails d. cords e. waste paper bags f. lighting g. floors 1. clear 2. dry h. unused equipment i. oxygen j. bed crank-handles 2. Transporting patients (stretcher or wheelchair): a. lock wheels before moving patient b. transfer using body mechanics	Present information to the class in a panel discussion. Each panel is related to a specific idea. 4. Study (by means of a panel discussion) up-to-date statistics on home and hospital accidents. Use figures for your community if they are available. Try to categorize common types of accidents and suggest preventative measures. 5. Have students identify incidents which illustrate "Safety Saves." 6. Several class members report on the interview they have had with a representative of a community agency which helps with safety problems. For example, the Poison Control Center. 7. Film such as *Diagnosis: Danger* or *Fire and Your Hospital.* After the film evaluate the safety plans presented in the film by circular discussion. (Films are from Michigan Dept. of Public Health.) 8. Use the suggestion-box for ideas regarding safe ways to store supplies and electrical equipment in the Homemaking department. Appoint a committee to enact the best suggestions. 9. Brainstorm in buzz-groups to analyze written case studies. Evaluate these in terms of home and agency safety practices. 10. As an independent project, a student or small group might investigate "accident-proneness."	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Safety cont'd.	c. fasten straps or belts d. push slowly e. adequate number of persons to assist	11. Invite a representative of a fire equipment firm to speak to the class. The speaker may demonstrate to the class the use of fire extinguishers, blankets and alarm boxes. The local fire department is usually willing to send a representative, also.	
	B. Fire safety. 1. Fire prevention requires caution with: a. flammable liquids b. smoking c. housekeeping tasks and storage	12. Invite the school counselor or other resource person to speak to the class on good mental health for high school students. 13. Girls read (outside of class) about the relation of psychological disturbances to physical illness and report to the class in a symposium.	
	2. Fire emergencies require aides to utilize: a. exits b. alarms c. extinguishers d. fire drills	14. Another group of students could prepare magazine illustrations or real articles to display games and entertainments for sick people of various ages. Why are some materials not appropriate for all age groups?	
	III. Psychological safety. A. Important in dealing with the patient as a whole person: 1. Emotions 2. Social needs 3. Spiritual beliefs 4. Intellect 5. As well as the physical body		
	B. Provided by many aspects of physical safety: 1. call bells 2. furniture arrangement 3. lighting 4. unused equipment 5. dry, uncluttered floors		Essay: examine case study and note examples of the inter-relatedness of physical, emotional, social, mental and spiritual behavior. For example, physical illness may cause a person to act unkind.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Communication	I. Need for Communication A. Definitions: 1. Communication 2. Behavior 3. Sensations 4. Vocabulary 5. Empathy 6. Sympathy	1. Teacher presentation: lecture about safety stressing types of communication, techniques for using them and results of successful communication. Use the felt board to illustrate the types of communication.	Essay: Students list four forms of communication and state the meaning and importance of each.
	B. Types of communication:	2. In round-robin style play the game of "GOSSIP." Students should note that the words and meaning of the phrase changes as it is repeated from person to person.	
	1. Verbal a. spoken language conveys meaning through:	3. Buzz in discussion 66 groups then as one class group to draw up a list of guides for verbal communication. For example: be patient, avoid criticism, etc.	Hopefully, students will practice these guides to communication.
	1. content and vocabulary	4. Role-play with a sentence to show how the meaning varies according to which words are stressed. For example: MARY had a little lamb. Mary HAD a little lamb.	
	2. tone of voice b. written 1. notes and memos	5. Borrow the Tele-Trainer from the telephone company. As the girls practice with it, they have a chance to hear their own voices and to gain experience similar to that used for answering the intercom. Remind them to note the tone of voice and the words of the message.	Students are able to evaluate their own performance.
	2. procedure manuals 3. newsletters	6. Show the film that goes with the Tele-Trainer; remind the class to apply the information given in it as they practice in 5 above.	
	4. bulletin boards, posters, etc.	7. Students dramatize in skits talking to patients in various age groups: a. young children of varying ages b. patients their own age c. geriatric patients	

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Communication cont'd.	2. Non-verbal communication may indicate emotions and thoughts through: a. Appearance 1. posture 2. facial expression 3. gestures b. Listening c. Touch d. Empathy e. Observation f. Silence g. Laughter h. Giggling C. Results of successful communication: 1. Stress is reduced 2. Satisfaction is provided for aide and patient 3. Patient can help with his own care 4. Aide understands the patient and is understood by him. II. Techniques for effective communication. A. Express a non-judgemental attitude. B. Establish rapport: 1. Use vocabulary suited to the situation	8. Review appropriate make-up and hair styles from unit III. Teacher or student demonstrates washing and ironing a uniform so it looks neat and crisp. 9. Assignment: write out one extra thing you could do to show the patient that you care about him. For example: change the water in a vase of flowers. Post the suggestions on the bulletin board. 10. Role-playing: illustrate the impression given by gum chewing and cracking. How does this affect your first impression of a person? 11. Students bring their lunch trays to class and practice feeding one another. "Aides" should talk to their "patients" and try to establish rapport. Remember the principles of medical asepsis! 12. Film: *The Eye of the Beholder.* Observe and discuss. 13. Use a tape recorder to allow students the opportunity to hear their own voices. 14. *Production 5118:* Film from W.S.U. for $5.00 rental fee.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Communication cont'd.	2. Report as objectively as possible, not subjectively. 3. Be courteous and interested: a. follow through in answering patients requests b. talk to the patient as you work with him	15. Have the students put on a simple skit which involves facial expression, hand and eye action, several kinds of movement, etc. The balance then report what they have seen and heard objectively. This can also be done with role-playing if roles are defined well.	

UNIT V – ADMISSION AND DISCHARGE

(Recommended time period: 2 weeks)

Major Objective:

The student is able to describe the scope, function, and need for departmental interaction in admitting, transfer, and discharge procedures.

Specific Objectives:

Define the terms admission and discharge and related terms.

List the various reactions of a newly admitted patient.

Can take accurate information needed in admitting procedure.

Lists the routine procedures required of all patients admitted to a health agency and knows the reasons why.

Employs the principles of good body mechanics when supporting or transferring a patient from chair to wheelchair — bed to wheelchair — bed to cart.

Correctly equip and prepare unit for admitting or departing patient.

Demonstrate and itemize procedures involved in transferring a patient.

Is able to fill out clothing and valuables check sheet and follow procedures for reclaiming items by discharged patient.

Demonstrates ability to write brief anecdotal comments regarding admitted, transferred, or departing patient.

Is able to perform all tasks in a poised and gracious manner which gives supportive help to self and others.

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Hospitalized	I. Admission A. Definition	Discuss definition "from time patient enters hospital until he is settled in room."	
	B. Reasons for hospitalizing 1. emergency (accident) 2. voluntary - on physician's advice 3. legally committed	Discuss the factors that contribute to a positive first impression, room and staff. Discuss how reduced stress and worry can promote healing.	
	C. First impressions 1. admitting room organization 2. confidence displayed by personnel 3. positive impressions are lasting	Interview a person who has recently been in the hospital for the first time. Have them discuss how they felt, emotionally and physically. What were their reactions? Make a list, as a class, of the things that were considered to be important.	
Patient Behavior	D. Possible reactions and motives of admitting patients 1. illness a threat to well being a. pain b. discomfort 2. financial status a. occupation — loss of job b. worry over cost c. no insurance 3. anxiety — fear of the unknown a. educational and cultural influences b. age c. family relationships		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Behavior cont'd.	4. previous hospital experiences 5. behavior may change from usual pattern		
	E. Pre-admission procedure 1. physician calls admitting department 2. patient is notified as to time and date of admission 3. patient arrives and completes admission forms	Discuss advantages of planning when possible — Hospital can have tests ordered, etc. Less time spent on admitting reduces fatigue.	
Personnel Responsibilities	F. Admitting personnel	Discuss variations in agency policy as to job classifications and responsibilities.	
	1. admitting clerk	Hiring in for specific job of admission clerk. Moving from patient care program of Nursing Aide to clerical job.	
	a. greets patient, friends, relatives b. introduces self and puts patient at ease	a. Instruction and class practice introducing self and others. Role playing.	Use tape recorder to evaluate introductions.
	c. tends to physical comfort of patient (empathy) d. obtains pertinent data	b. Draw from class first hand experiences of what it feels like in new and unknown situations.	
	1. information confidential 2. religion 3. diet 4. medical history	c. Have class read and fill out sample form for admitting to become familiar with information necessary for hospital records. Discuss why this information is important.	Evaluate knowledge of term "empathy" defined in Unit 3, B.
	5. special medications now taking 6. insurance papers 7. prepares "face sheet"	Students interested in this type of job may act as clerk and fill out the forms for the patient, simulating an admissions office environment, (see sample forms in Appendix).	Pair off the class. Have each student play role of patient and interviewer in admissions. Each student, then teacher, check for accuracy.
	8. address-o-graph	Display and show use and reason for address-o-graph.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Personnel Responsibilities cont'd.	9. orders routine lab tests 10. notifies patient health team leader patient has arrived	Discuss some of the tests which may be ordered by admitting office or head nurse: 1. Complete blood count 2. Serology 3. Urinalysis 4. Chest X-ray Try to make arrangements for the Red Cross X-Ray Unit to visit the school or go where a unit is located. Have technician explain procedure and the unit's role in good health.	
	11. ambassador for the hospital	Discuss ambassadors of good will in foreign countries to show the importance of gracious reception. Stress the importance of this job in getting the patient off to a harmonious start.	
	2. Admissions Aide (Transportation personnel)	Invite religious leaders in community to speak to class on religious practices.	
	a. greets and introduces self b. escorts to room (generally in wheelchair); carries luggage	Interested students may wish to research differences in religious belief which may affect patient care and present findings to class.	
	c. introduces roommate (if not private room)	Discuss responsibilities differ according to agency. Some agencies use orderlies and the floor nurses aide assumes the duties of the admissions aide.	
	d. informs patient of hospital policy (T.V., etc.) Hospital handbook e. clothes and valuables check sheet signed 1. in safe 2. given to relatives f. reports to team leader he is leaving patient	Demonstrate and class practice giving support to the unsteady patient in helping to wheelchair for transporting to room, (lock wheels; work on unaffected side).	Review the importance of good body mechanics. Rate demonstrations.

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Personnel Responsibilities cont'd.	3. Nurses aide at patient's unit a. prepares and/or checks the unit (check special orders of doctor) b. opens bed, provides gown c. greets patient and introduces self d. asks friends and relatives to wait in lounge e. shows patient to room f. introduce to roommate (if appropriate) g. screen unit h. instruct patient to wear gown and get into bed 1. assist if needed 2. check for drafts 3. allow time and privacy i. list clothing on clothing sheet and valuables sheet 1. hand in room locker or hospital locker 2. inform patient of location of robe, etc. 3. have patient sign valuables sheet	Review basic equipment and arrange for admitting patient. Point out variation in hospital policy. This may be done by admission aide. Think through situation as to what might you do if you suspect lice on patients clothing (discuss procedure). Have students fill out sample clothing and valuables sheet.	Set up unit incorrectly with deliberate errors. Have students list the errors they see. Have students correct unit.

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Personnel Responsibilities cont'd.	j. show patient location of bathroom 1. his towels and other articles 2. where he can put his toilet articles 3. denture cup bedside table drawer		
	k. assist patient into bed 1. footstool 2. lowers bed to lower level 3. adjusts the covers	Demonstration and class practice helping patient into bed.	Class develop a rating scale to evaluate.
	l. explain and demonstrate how the bed works and signal light or intercom	Discuss the advantages and disadvantages of signal light and intercom systems.	
	m. check patient's identification bracelet to see that it's secure		
	n. routine admitting list: 1. urine specimen 2. T.P.R. 3. dentures 4. any other protheses	Have students role play the explanations they might give to patients as the reasons for taking these required tests. Explain to patient the use of container and stress medical asepsis. Have students look up the word "protheses" before class and be able to explain.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Personnel Responsibilities cont'd.	5. recent medical history and special medications 6. mode of arrival (wheelchair, stretcher)	Discuss and show forms for routine admitting list. Practice jotting down "comments" as 'apparent,' 'appears to be no abnormalities.' Review types and kinds of diets: liquid, reducing, low sodium, bland, etc.	Orally recall places within hospital patient may be transferred.
	7. abnormalities (scars, skin, lesions, sores, rashes, behavioral strangeness) 8. religion 9. diet problems and dislikes	Explain what may result if diet is not adhered to. Discuss the importance of understanding the needs of a diabetic patient.	
	6. unscreen and make patient comfortable 1. help with selection of menu (aware of doctor's orders) 2. offer drinking water (if allowed)	Discuss the procedure of giving the admitting list to ward clerk and what she does with it.	
Patient Transfer	A. Reasons 1. Ordered by physician 2. More desirable accommodations 3. Privacy for a critically ill patient 4. Isolation 5. Treatment room or testing department 6. Lounge, sunporch	Film: *"Hospital Sepsis"* If previously shown, review high points of film. Review procedures for isolation of patients. Practice going in and out of a room in isolation. Discuss possible reactions patients may have towards being transferred. Role play situations stressing importance of explanations and reassurance.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Transfer cont'd.	B. Procedure 1. check doctor's orders with ward clerk or team leader. 2. explain to patient reason for transfer. 3. Have ward clerk notify the unit to which patient is going. 4. Collect all belongings, medicines, charts. 5. Introduce patient to nurse at receiving unit. 6. Give charts, medicines to team leader on receiving unit and any information that will help her with the patient. 7. Return to former unit, clean and prepare for use. Ward clerk informs housekeeping department.	Discuss and show form used by ward clerk to execute transfer of patient.	
	C. Technique to observe 1. Proper body mechanics in moving and giving support to patient. 2. Direction of wheelchair and car a. in elevator b. in halls 3. Safety a. pathway b. restraints c. speed	Demonstrate - practice and return demonstration helping the unsteady patient to the wheelchair. Discuss getting assistance when moving to cart.	Rate return demonstration.
	D. Transfer recording 1. Record time and date 2. Mode of transfer 3. Name of receiving unit 4. Room and bed number to which the patient is being transferred. (Ward clerk notifies admissions office.)	Practice recording procedure for transfer patient.	Return demonstration.

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Patient Discharge	A. Types 1. Regular 2. Against medical advice		
	B. Patient's condition 1. Emotional 2. Physical	Discuss how most patients will be elated to go home. Point out responsibilities of not letting patient become over-exhausted.	
	C. Responsibilities in preparing for departure: 1. Collect the personal possessions		
	a. clothing, medications-check with head nurse, toilet articles, flowers, gifts, reading materials	Discuss ethics of taking tips or gifts from patients.	
	2. Check clothing list and valuables from safe — have patient sign release form 3. Assist with packing of belongings if needed 4. Observe dressings, if any, and report to head nurse if need changing 5. Assist the patient in dressing if needed 6. In talking with patient see that he understands the nurses instructions for treatment and taking medicine 7. Give support if needed for getting patient into wheelchair 8. Check with head nurse to be sure patient is cleared for releasing a. doctor's orders b. medication and prescriptions	Again, discuss how some of these responsibilities may be done by admissions office.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Discharge cont'd.	9. Assist patient with luggage or may inform ward clerk to call for orderly		
	10. Take patient to office, exit or ambulance		
	D. Recording dismissal		
	1. Time and mode of dismissal		
	2. Comment on general condition of patient		
	E. After dismissal		
	1. Check again for personal belongings of patient		
	2. Clean the unit and leave it ready for use		
	3. Have ward clerk notify housekeeping		Written evaluation of unit.

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UNIT VI – PREPARING THE ENVIRONMENT

(Recommended time period: 3 weeks)

Major Objective:

Demonstrate an ability to prepare the environment of the new patient efficiently using correct body mechanics and principles of medical asepsis.

Specific Objectives:

Demonstrate knowledge of the basic principles of disinfection and sterilization and recognizes the process to use.

Use proper hand-washing technique in and aseptic procedures in preparing the unit.

List the steps involved in preparing a hospital unit for a new patient.

Demonstrate the correct placement of all equipment in a hospital unit and explain the procedure.

Describe how to arrange linen in order of use and list linen needed to make a bed.

Demonstrate procedure in making an unoccupied bed.

List the steps in making an occupied bed.

Demonstrate the correct procedure for making an occupied bed.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Disinfection	I. Definition: antiseptsis II. Using chemical agents. III. Purpose A. Kill pathogens but not those with spores. B. Keep pathogens from spreading IV. Review content in Unit IV.	Discuss the importance of using disinfection and sterilization: a. in the hospital b. at home Learn new words related to the unit; spelling and definition: antiseptic autoclave bacteria carrier contaminated disinfectant germicides micro-organism pathogen sterilization surgical asepsis	Review learnings from unit on medical asepsis with a written pre-test and a practical demonstration of hand-washing procedures. Play a game such as Keyword where students demonstrate both knowledge of health words and ability to spell them. Students construct (or teacher) a crossword puzzle using health words particularly.
Sterilization	I. Definition II. Autoclaves III. Purpose A. Complete destruction of all organisms B. Protection of the patient to the highest degree possible IV. Staph Infection A. Characteristics B. Prevention C. Treatment	Discuss the difference between clean and dirty areas in a health facility. Name four types of staph infections and where they can be found. Show the film *"Helping Hands for Julia"* from the Nursing Association.	
Patient Unit	I. Types A. Private B. Semi-private C. Ward (many sizes) D. Suite	Using construction paper and cut-outs and graph paper, show general layout of various rooms.	Randomly distribute general room layouts and students explain why locations have been chosen for various pieces of equipment.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Unit cont'd.	II. Furniture and equipment	Use overhead transparencies.	
	A. Bed	Use overhead projector.	
	1. Standard hospital bed (Gatch type)		
	2. Motorized bed (Hilow type)	Use equipment in the classroom.	
	3. Bed rails		
	4. Special types	Demonstrate various parts of the bed on classroom equipment.	
	a. Stryker Reversible		
	b. Circ-O-Lectric	Each student practice and demonstrate each part until she does it with ease.	
	B. Bedside cabinet		
	C. Overbed table	Demonstrate use of overbed table and follow the same student procedure.	
	D. Straight chair		
	E. Arm chair	Explain the reasons for each piece of equipment located in the unit.	
	F. Screens and curtains		
	G. Footstool	Discuss characteristics of equipment and reasons, e.g., smooth surface, easy to clean and simplicity of line.	
	H. Waste container		
	I. Dresser and/or closet (storage area)		
	III. Inter-com System		
	A. Patient's equipment		
	B. Institution's equipment		
	C. Emergency provisions		
	IV. Patient Care Articles	Explain the use for each piece of patient care articles.	
	A. Wash-basins		
	B. Emesis basin	Demonstrate an orderly procedure for arranging the bedside cabinet.	Each student prepare a bedside unit for a new patient using a prepared checklist.
	C. Mouthwash cup		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Unit cont'd.	D. Soap dish		
	E. Water Pitcher		
	F. Bed pan and/or urinal		
	G. Tissue box		
	H. Drinking glass		
	I. Denture cup, if needed		
	V. Preparing the Unoccupied Unit	See the film *"Hospital Sepsis — A Communicable Disease"*	
	A. Remove all linen and place in appropriate container. Never on the floor.	Also, the film *"The Patients Unit and Making the Unoccupied Bed"*	
	B. Any linen or equipment from isolation unit placed in specially labeled bags.	Discuss the aide's role in maintaining aseptic conditions as she prepares a unit.	
	C. All equipment to utility room to be sterilized.	Demonstrate the steps in preparing the patients unit using aseptic procedure.	
	D. Personal belongings labeled and taken to nurse's station.	Practice labeling personal belongings.	Each student do a feedback demonstration of preparing a patient's unit.
	E. Left over paper materials disposed of according to institution practice.		
	F. Check drapes, chair covers, etc. and change if necessary.		
	G. Floor cleaned with treated mop and scrubbed.		
	H. Room dusted		
	I. Pillow covers and mattress washed or damp dusted.	Practice damp dusting classroom equipment.	
	J. Springs washed and dried		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Unit cont'd.	K. Bedside table washed with germicide solution, rinsed and dried.		
	L. New set of patient care articles secured and bed linens.	Secure a patient's personal care pack from a hospital and explain reasons for including various articles.	
	M. Bed is made.		
	N. Equipment stored.		
	O. Cleaning equipment returned and disposed of according to institution procedure.		
	VI. Making a Bed		
	A. The unoccupied bed.		
	1. wash hands 2. collect linen a. linen room b. linen cart c. linen pack 3. arrange linen for work 4. making a bed 5. types a. open b. closed	Review correct hand-washing procedure. See Video Tape, Lesson III — Making an Unoccupied Bed (DENT). Teacher demonstrate correct bed-making technique, making several errors in procedures.	Using a check-sheet, students evaluate each other, working in pairs. After viewing tape or other video material, evaluate teacher's demonstration on making an unoccupied bed.
	B. Characteristics of a well-made bed. 1. clean 2. warm 3. comfortable 4. free of wrinkles 5. toe pleat	Practice: a. putting a pillowcase on correctly b. arranging linen in order and placing for use c. folding used linen spreading a minimum of bacteria, etc. d. making a toe pleat e. mitering a corner f. making a bed with two basic approaches	Make a bed from beginning to completion, successfully.
	C. Alternative methods. 1. contour sheets		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Unit cont'd.	2. Rubber and cotton drawsheet 3. Horizontal toe pleat 4. Square corner 5. Disposable linen D. The surgical bed.		
	VII. The occupied unit	See Video Tape, lesson V — Making an Occupied Bed (DENT) or other appropriate visual.	
	A. Care usually given in A.M. may be more often.		
	B. Determined by patient's condition. 1. post-operative 2. incontinent patient 3. dying patient	Have the students make a list of procedures to follow in caring for an occupied unit. Identify the factors to consider when you are working "around" the patient.	
	C. Daily care (may be partially done by housekeeping staff).	Identify principles which relate to making an occupied bed using any good text or transparencies. Demonstrate procedure of making an occupied bed followed by student practice.	Practice and make up an occupied bed successfully, i.e., achieving acceptable standards of a health agency.
	1. damp-dust all equipment 2. special care given to bedside table 3. thorough cleaning of bedpan and urinal 4. replace linens 5. personal belongings stored neatly. 6. discard old papers and magazines with patient's permission 7. provide clean waste container 8. refill any needed supplies, e.g. tissues, lotion, etc. 9. making the bed	Review principles of good body mechanics.	
	a. bed — flat if allowed b. lock wheels c. explain process to patient d. follow procedure appropriate for particular patient		Practice making an occupied bed until acceptable standards are achieved.

UNIT VII – PATIENT CARE

(Recommended time period: 3 weeks)

Major Objectives:

Demonstrate through actions during the unit (and course) a working knowledge of the dynamics of giving patient care according to patient needs.

Is able to provide proper care for the patient with ease and efficiency.

Specific Objectives:

Explain how patient needs determine patient care.

Is able to place, remove, and store the bedpan correctly.

Is able to wash patient's face and hands correctly.

List the problems involved in neglecting care of the hair.

Is able to care for patient's hair.

Lists the steps in caring for teeth and mouth, including dentures.

Is able to provide adequate care for patient's teeth, gums, tongue, and mouth.

Give reasons for the ambulation of a patient.

Is able to assist a patient needing help to ambulate.

Becomes more adept at being able to transfer the patient.

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Patient Care	I. Personal care of patient A. Role of aide in care process 1. make patient as comfortable as possible 2. make patient as clean and neat as possible 3. perform tasks efficiently and correctly 4. teach patient the mechanics of self-help B. General daily routine 1. morning care a. provide for hygenic needs b. evaluate patient's condition c. report any unusual condition d. adjust immediate environment 2. regular day care a. observe and report symptoms and condition b. provide bath or sponge bath c. prepare unit and patient for visitors d. establish routine for giving bedpan e. provide for handwashing as necessary f. answer patient's call as needed, provide fresh water, etc.	Assign: Interview friends and/or relatives, etc. who have been a patient in a hospital: 1. What did they like best? 2. What did they dislike? 3. What do they think should have been done? Class discussion: 1. Previous assignment 2. What do you think are the most important functions of a nurses aide in caring for a patient? 3. Why are these functions important? Class assignment: 1. List the things you do when you get up in the morning before beginning daily activities. 2. Discuss assignment relating it to the needs of the patient.	Roleplay: 1. Typical nurse - patient situations: a. Patient is thirsty - wants water - doctor orders no water b. Patient wants to go to the bathroom - does not want to use bed pan. c. Doctor has not been in. d. Patient doesn't like the way food is prepared. e. Patient says she is on wrong diet. f. Ambulatory patient refuses to get up. g. depressed patient.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Patient Care cont'd.	3. Evening care a. provide restful atmosphere b. prepare for bed C. Specific type of care determined by patient's needs. 1. information identifying plan for patient's care a. morning and evening report b. patient's chart c. Kardex d. check with nurse or doctor 2. degree of assistance determined by stage of illness a. unconscious - patient completely dependent b. acutely ill and post-operative - must be assisted c. bed patient - some assistance required d. ambulatory - should do as much as possible for self	Discuss: 1. How night care differs for individual patients in relation to: a. age b. sex c. degree of illness d. kind of illness e. amount of physical mobility patient has f. culture - religious Using Chalkboard: 1. Explain and discuss "General routine for patient care" 2. Point out routine may vary depending on the agency Class Discussion: 1. How would you know if your patient needed a specific kind of care? Explain: Plans for patient care.	Discuss: 1. Role of nurse in previous roleplay situations. Class Discussion: 1. What things might you know about your patient from observation? 2. Why couldn't you observe and use your own judgement in determining care you would provide?
Elimination	II. Elimination - basic need of all living organisms. A. Human body excretes waste products. 1. kidneys, bladder, urethra - urine	Assign: Definition of related terms: fecal matter, stool, defecate, feces, void, passing water, urinate, constipation, cathartic, enema, incontinent, peristalsis, B.M., diarrhea.	Check orally to see if students know related terms.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Elimination cont'd.	2. large intestines, rectum, anus - feces 3. skin eliminates waste products also - urea, etc.	Class discussion: 1. How do you feel before and after you use the toilet on arising every morning?	Pre-test: Ascertain how much students remember from biology (if they have had it) about the organs and processes of elimination of urine and feces.
	B. Factors related to proper elimination. 1. well balanced diet 2. adequate fluid intake 3. sufficient exercise 4. freedom from worry and anxiety 5. establishment of regular time or habit	Explain: 1. Some patients in the hospital must rely on the aides to perform this function. Class Discussion: 1. Why is it important to take care of the patient's needs first thing in the morning? Explain: 1. Using charts and transparencies describe organs used in excretion of urine and feces 2. How food becomes waste material 3. Principle and process of elimination	
		Assign: 1. Student research projects on: a. Elimination in the human body.	Class reports.
	C. Constipation - infrequent or difficult evacuation of fecal material. 1. Cathartics a. medicines which purge b. use only as ordered 2. Enemas a. cleansing enema - cleanses large intestine	Film: (Elimination) Class Discussion: 1. What is constipation? 2. How can it be prevented? 3. How can it be relieved? 4. What is purpose of laxatives?	Class Discussion: 1. Why is it important to provide privacy for patient? 2. Why is head of bed raised when patient is on bedpan? 3. When would you offer bedpan? 4. Why clean bedpan with cold water first?

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Elimination cont'd.	b. carminative enema - relieves gas or flatulence c. nutritine enema - supplies nutrients that cannot be taken by mouth d. medication enema - provides sedation and stimulation e. emollient and oil enemas - soothe and protect irritated intestinal mucosa f. antiseptic enemas - destroys or lessens the activity of germs and bacteria g. anthelmintic enema - kills or causes the expulsion of worms	Explain: 1. Stress caution in the use of cathartics: use only as ordered 2. Point out various therapeutic uses of enemas 3. Stress dangers of being given by unqualified personnel Demonstrate: 1. Principles and technique (2) used in offering and placing the bedpan — observing and reporting if required. 2. How to remove, carry, observe contents of, clean and store bedpan. 3. How to clean helpless patient. Stress clean from front to back. 4. Stress medical asepsis and body mechanics. Class discussion: 1. Attitudes infant begins to develop about himself from the way his mother changes his diaper — toilet training. 2. Attitudes aides transmit to patient when placing and removing the bedpan. a. When caring for an incontinent patient.	Student Demonstration: 1. Offering, placing, removing, carrying, cleaning and storing bedpan. Student evaluation to be used after each demonstration: 1. Was all equipment there? 2. Was equipment in order of use? 3. Was it safe for the patient? 4. Did I use good body mechanics? 5. Did I instruct the patient?
Incontinent Patient	D. Incontinent Patient — cannot control elimination of urine or feces. 1. provide incontinent pads or chux 2. change whenever necessary 3. clean patient and soiled area as needed	Explain: 1. Special needs of the incontinent patient. 2. Some causes of incontinency. 3. Problems resulting from improper care (physical and emotional). a. odor a. depression b. discomfort b. resentment c. chafing c. antagonism d. decubitus d. withdrawal	Patient evaluation: 1. Was care appropriate? 2. Was procedure comfortable 3. Was sufficient respect given to patient needs? (emotional and physical)

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Incontinent Patient cont'd.	4. protect bedding 5. treat patient as an adult - not infant 6. your attitudes are reflected and perceived by the patient		
	E. Functions and duties of aide: 1. wash hands before entering patient's unit 2. assemble and prepare equipment 3. prepare patient and provide privacy 4. assist patient unable to help himself 5. inquire about defecation of previous day 6. maintain professional attitude 7. remove equipment, clean and put in proper place; wash hands 8. observe and report any abnormalities	Summarize: 1. Functions and duties of the aide related to giving the bedpan. Demonstrate: Coagulation of egg white in hot water.	Review: Functions of aide in preparation of equipment.
Personal Care	III. Daily personal body cleanliness. A. Preparation and procedures 1. arrange equipment in order of use 2. put equipment within easy reach of patient 3. assist or provide care for patient if necessary 4. instruct patient and solicit his cooperation if possible 5. report any unusual observations to nurse	Class discussion: 1. Why is daily personal hygiene so important? a. cleanliness b. comfort c. appearance d. health	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Personal Care cont'd.	B. Washing the patient's face. 1. use no soap unless patient requires it 2. wash away from eyes 3. use firm, gentle strokes 4. rinse and dry thoroughly C. Washing the patient's hands 1. place hands directly in basin 2. clean fingernails with orangewood stick 3. rinse and dry thoroughly 4. apply lotion (optional)	Demonstrate and explain: 1. Preparation and procedure for washing patient's face and hands. Assign: 1. Student research project on: a. Structure and care of the skin	Student demonstration (students will work in pairs, interchanging role of patient and aide): 1. Washing patient's face and hands Student self-evaluation of performance. Student patient evaluation of care given.
Oral Care	D. Mouth care for patient 1. rid the mouth of food particles a. brushing or cleansing teeth b. use of dental floss c. rinsing mouth with water after eating 2. purpose of cleaning mouth a. reduce number of micro-organisms b. prevent dental caries c. stimulate circulation of gums and mucous membranes	Assign: 1. Define related terms: caries, peridontal disease, pyorrhea, gingivitis, plaque, febrile, halitosis Class discussion: 1. Why do we try to clean the mouth? 2. What makes a good tooth brush? 3. What causes halitosis? 4. How does good dental health affect total health?	Checklist: Facts and fallacies about: toothbrushes dentifrices mouthwashes chewing gum breath purifiers, etc. Discuss checklist.

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Oral Care cont'd.	d. prevent halitosis caused by poor hygiene e. comfort		
	3. Kinds of toothbrushes a. hand — proper size important b. electric — less injurious to gums removes debris and plaque better c. battery operated requires no electricity	Using various kinds and sizes of toothbrushes compare advantages and disadvantages. Class discussion: 1. What are the advantages of electric toothbrushes? Disadvantages? 2. What are the advantages of battery operated toothbrushes? Disadvantages?	
	4. Use of safe and effective dentifrice a. commercial tooth paste or powder b. table salt c. baking soda	Demonstrate: 1. Using dentures demonstrate proper procedure for brushing teeth. 2. Using students demonstrate proper procedure for cleaning teeth and mouth of: a. helpless patient b. unconscious patient c. patient with dentures	Student demonstration: 1. Brushing teeth and cleaning mouth of: a. helpless patient b. unconscious patient c. patient with dentures Student self-evaluation. Student patient evaluation.
	5. Brushing procedure a. morning, night, if possible after every meal b. brush in direction of growth c. rinse mouth d. clean and store equipment		
	6. Mouth care for febrile patients a. clean every 4 hours as necessary b. rinse mouth whenever milk taken c. provide plenty of fluids as directed	Class discussion: 1. Would you provide special mouth care for a febrile patient? 2. How often should the teeth of a febrile patient be brushed? 3. Why? Film: 1. "Oral Hygiene — Toothbrush Technique" 2. "Gateway to Health"	Student evaluation of film(s).

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Oral Care cont'd.	d. use a mouth cleanser pleasant to taste		
	7. Mouth care for unconscious patient:	Assign:	
	a. open mouth with tongue depressor — never use fingers	1. Student research project on: a. growth, function and care of teeth	
	b. use mouthwash on applicators or sponges	b. dentures c. history of dental science	Class reports.
	c. clean teeth, tongue and roof of mouth		
	d. do not let patient swallow solution or choke — have head to side; prevents aspiration		
	e. lubricate lips, tongue and inside of mouth with water soluble jelly		
	f. discard used applicators, clean and store equipment properly		
	8. Care of dentures		
	1. always use denture cup		
	2. provide privacy - avoid embarrassing patient		
	3. brush according to procedure		
	4. assist in removal and insertion if necessary		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care	E. Care of patient's hair 1. Problems which may exist: a. dry hair and scalp	Assign: Define: dandruff, nits, lice, tetter, alopecia, ringworm, pediculosis	Check orally: 1. Definition of terms.
	1. oiling may help (olive oil, castor oil, mineral oil) 2. special shampoos for oily hair b. baldness or alopecia 1. probably hereditary 2. rare in women, common in men c. dandruff - flaking scalp 1. may be due to excessive scaling of skin 2. cause may be infection of scalp 3 brush and wash properly	Class discussion: 1. What are some common problems of hair and scalp? 2. What are some causes of these problems? 3. How does illness, especially prolonged illness, affect the condition of the hair? 4. What are some physical and emotional conditions which increase hair problems? 5. preventive - therapeutic treatment	Check List: Facts and fallacies of hair problems and advertised "cures."
	4. consult physician if heavy, persistent or irritates scalp d. pediculosis - infection with lice	Using charts explain: 1. What lice are 2. What would be evidence of lice on hair or body 3. How lice are spread 4. How to get rid of 5. How to prevent spread	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care cont'd.	1. pediculus humanus, var, corporis — infests body 2. pediculus humanus, var. corporis - infests body 3. phthirus pubis - infects shorter hairs on body	Other skin and scalp diseases: 6. What is tetter? 7. What is ringworm? 8. What should you do about them? 9. Stress medical asepsis when caring for hair and skin. Class discussion: 1. How can the aide prevent the hair from becoming tangled if long? 2. What should aide do if hair is too tangled to comb? 3. How often should hair be combed? 4. What is a dry shampoo? 5. When would you give one?	
	e. ringworm - ring - shaped patches on scalp 1. highly contagious 2. caused by fungus 3. usually found on children rather than adults 4. report symptoms	Class discussion: 1. Why do we comb the hair? 2. What does brushing do for the hair and scalp?	
	f. possible effects of illness on hair 1. excessive loss of hair 2. brittleness 3. decreased rate of growth 4. becomes tangled or matted		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care cont'd.	g. body conditions which cause hair problems 1. endocrine abnomalities 2. increased body temperature 3. poor nutrition 4. anxiety and worry 5. poor hygiene 6. radiation therapy 7. some medication h. purpose of hair combing and brushing 1. stimulate scalp circulation 2. conditions the hair 3. distributes oil throughout the surface 4. helps relieve problem of dandruff 5. provides opportunity to observe scalp for disorders		

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Hair Care cont'd.	6. improves appearance and morale of patient		
	i. washing the patient's hair 1. dry shampoo wet shampoo 2. physician or nurse determine procedure 3. doctor may determine medication 4. wash as often as necessary to keep clean 5. rinse and dry thoroughly	Demonstrate and explain: 1. Preparation and procedure for washing and arranging the patient's hair. Use student if possible, or use wig. 2. Braiding and French braiding.	Class discussion: 1. When would you give dry vs. wet shampoo? Student demonstration: 1. Washing and arranging patient's hair.
	j. kinds of shampoo 1. liquid and cream — wash out better than bar soap 2. detergents - more effective than soap in hot water 3. some especially made for dry hair - removes all substances except natural oils		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care cont'd.	4. powders and oils — used for dry shampoo k. wigs and toupees 1. give same care as normal hair 2. wash less often — not oily like normal hair l. permanent wave 1. check with physician 2. do not give unless competent 3. arrange hair attractively, appropriately, but simply 4. NEVER cut without patient's and nurse's permission		Written exam: 1. Typical patient care situations — what would you do if you were the nurse's aide?
	F. Shaving the male patient. 1. at least every 24 hours 2. barber, orderly or nurse's aide 3. equipment to be used a. safety razor,	Class discussion: 1. Importance of shaving for the male patient. Compare: 1. Advantages of safety razor vs. electric shaver.	Have students practice shaving brother or father, etc. and report to class the results.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care cont'd.	blade, shaving cream b. electric shaver 4. after-shave lotion, powder a. soothe the skin b. alcohol has antiseptic action	2. Disadvantages of each Demonstrate: If possible, shaving the male patient (preparation and procedure). T.V. (DENT) View tape: Morning care or film Have students practice: 1. shaving a peace, or some similar object (balloon). 2. shaving each other's legs (check the legal implications before doing this). Class discussion: 1. Would nurse's aide give permanent wave? Assign: 1. Student research project on: a. Structure and care of hair (Dyeing, Straightening, etc.) Hair sprays.	If possible - student demonstrate: 1. Shaving the male patient. Class reports.
Ambulation and Transfer	IV. Transfer — moving patient from one place to another. A. Purpose of transfer — changing units 1. provide more desirable accommodations 2. provide privacy for critically ill		Review: 1. Previous learning on transfer of patient. 2. Students give steps in transfer of patient. 3. Roleplay: a. transfer of patient b. recording transfer

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	3. provide isolation in case of communicable disease 4. cooperate with other departments in the placement of patients 5. to provide special functions or care		
	B. Preparation for transfer 1. explain to patient why he is being moved 2. arrange move at a convenient time for patient 3. notify unit to which patient is to be transferred 4. assure him his family and friends will know where he is	Explain: 1. Any areas that students have difficulty with in "review." Explain: 1. Methods of transfer 2. Preparation and procedure for transfer. View T.V. tape or film: "Transfer and ambulation" (DENT)	Class discussion: Set up hypothetical situations: a. Patient weak from long confinement b. Patient with one leg in cast. c. Patient going to surgery d. Elderly confused patient Which mode of transfer would you select?
	C. Procedure for transfer - changing units 1. collect personal belongings 2. give personal effects to receiving nurse to put away 3. accompany patient while he is being moved 4. assist in transferring from bed to stretcher or wheelchair; have adequate help to assist in transfer 5. give patient his robe and slippers 6. select most suitable mode of transfer for patient's condition	Assign: Define: hemiplegic paraplegic quadraplegic pivot ambulation intravenous infusion foley catheter	Class discussion: 1. Why do we need various transfer techniques? Check orally: Definition of terms

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	7. introduce patient to nurse on receiving unit 8. give all information and records to receiving head nurse 9. get patient's former unit ready for use D. Transfer techniques — methods of moving patient from one place to another 1. bed to stretcher a. protect patient's head b. push feet first, slowly c. use moderate speed d. take immediately to destination		
	2. bed to wheelchair a. pivot 1. patient dependent 2. aide swings patient into chair b. hemiplegic 1. patient paralyzed on 1 side 2. patient helps pivot self into chair	Demonstration: 1. Protecting patient, getting in and moving in wheelchair. 2. Getting patient back to bed. 3. Stress body mechanics.	Student demonstration: 1. Protecting patient getting in and moving in wheelchair. 2. Getting patient back to bed. Student patient evaluation.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	3. aide supports affected side 4. position chair on unaffected side c. sliding board 1. smooth, strong board of adequate length 2. patient slides on board into wheel chair d. independent 1. wheelchair with removable features are advantageous 2. patient transfers without assistance 3. common for patients paralyzed at lower half of body 4. takes time and practice for patient		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	E. Preparation of transfer equipment 1. make sure equipment is working properly 2. lock wheels and stabilize 3. adjust to level of bed or vice-versa 4. put in proper position		
	F. Procedure for transfer 1. instruct patient 2. assist patient as needed 3. have enough help to carry out whole procedure safely 4. secure patient as necessary 5. protect patient from jarring and and drafts 6. take immediately to destination at moderate speed		
	V. Ambulation — moving or walking about. A. Reasons for temporary transfer and ambulation 1. provides exercise 2. prevents physical complications of inactivity 3. prevents mental discouragements which accompany inactivity 4. prompts independency 5. provides change of scenery	Class discussion: 1. Why is it important for patient to ambulate? 2. What is the function of the aide in the ambulating process? Explain: 1. The importance of progressive ambulation	Class discussion: 1. How can aide facilitate ambulation process?

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	B. Stages of progressive ambulation 1. dangles feet over bed 2. stands at bedside 3. moves into chair or wheelchair 4. walks unassisted		
	C. Patient's condition determines the amount and degree of assistance needed 1. weak and cannot ambulate alone 2. needs assistance — unsteady after long confinement to bed 3. has some type of equipment which restricts ambulation 4. paralysis of one or more extremities		
	D. Preparation for ambulation 1. arrange equipment properly 2. make sure you have all proper equipment 3. be sure all equipment is working and safe 4. remove all hazards to patient's safety	Explain: Principles and procedures for ambulation.	
	E. Procedure for ambulating 1. tell patient what you are going to do 2. expect him to do what you tell him	Class discussion: How are ambulation principles and procedures similar to transfer principles and procedures?	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	3. instruct patient 4. use previous learning on body mechanics 5. support affected side 6. move stronger or unaffected side first		
	F. Methods of ambulating 1. Foley catheter a. remove Foley bay from bed b. NEVER disconnect tubing from catheter without permission	Explain: 1. Methods of ambulating. 2. Process for disconnecting Foley catheter 3. Stress caution — only if ordered to do so.	
	c. follow specific instructions to disconnect: 1. wash hands first 2. disconnect with alcohol sponge 3. put each end in 4 x 4 sterile wipe 4. secure with elastic 5. reconnect and unclamp when finished ambulating	Demonstration: 1. Preparation and procedure for ambulating with: a. cane b. crutches c. blind patient (use blindfold) d. Foley catheter (simulated situation if possible) e. intravenous infusion (simulated situation if possible) 2. Stress body mechanics.	Students perform same demonstration. Students self-evaluate. Student patient evaluation.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	6. wash and dry area thoroughly with alcohol 7. make sure excess tubing rests on bed, not on floor 8. make sure tubing is not crooked or kinked 9. make sure patient is not lying on tubing 2. Intravenous infusion a. support arm with I. V. b. make sure it is connected well c. make sure needle remains intact, tubing not kinked d. any pain or swelling (puffiness) around I.V. should be reported 3. Patient on crutches a. have patient wear shoes b. check rubber stoppers on end of crutches		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Ambulation and Transfer cont'd.	**c. make sure pathway is clear** **d. never let patient lean on crutches** **e. have crutch top 2 inches below armpit** **f. lend support if necessary** **4. Patient with a cane** **a. check rubber stopper on end** **b. have chair near for the first attempt**		
	5. Blind patient **a. patient holds aide's arm** **b. patient follows aide** **c. aide should describe what she sees** **d. remove any safety hazards**		**Written assignment:** **1. List those general principles which would apply to any or every area of patient care in this unit.** **2. Why are these principles so important?**

UNIT VIII – THE HUMAN BODY (PHYSIOLOGY AND ANATOMY)

(Recommended time: Will depend on other units but at least 3 weeks.)

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
The Human Body	I. Eight major systems A. Skeletal B. Muscular C. Digestive D. Excretory (elimination) E. Circulatory (or vascular) F. Respiratory G. Nervous H. Reproductive	Use over-lay transparencies and show how the 8 systems relate to each other.	List the major systems of the human body.
	II. Cells A. Types B. Division	Show the various stages of cell division by simple drawings after seeing transparencies depicting process.	
	III. Tissues A. Epitheliel 1. Secretion 2. Absorption B. Connective C. Muscular D. Nervous	Add new words to vocabulary. If it has not been done to this point, each student could begin making her own dictionary.	Have a spelling bee to determine how well students can define and spell new words.
	IV. Organs		
Skin, the first line of defense	I. Functions of the skin A. Aesthetic value B. Shows one of the first signs of illness C. Protects body from bacteria D. Nerve endings in skin give a sense of feel E. Provides for excretion of waste 1. perspiration 2. oil F. Regulates temperature of the body	Discuss the skin as a primary human organ; how does it protect, warn, and maintain the human body.	Draw a picture of a side view of the skin layers. What happens when you cover it for a prolonged period of time, e.g., two days with a band-aid.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Skin, the first line of defense cont'd.	G. Clean skin gives a feeling of well-being	Show how pores function to protect the body. Cover with make-up. What happens?	
	II. Structure A. Epidermis B. Dermis C. Subcutaneous tissue D. Mucous membrane		
	III. Decubitus Ulcers A. Lack of blood supply and nutrition to underlying tissue B. Painful C. Slow to heel, if ever D. Secondary bacterial infection usually involved	Explain the depth of the skin ulcer problem. Use a good film to help the students realize how serious decubitus ulcers can be. Review material developed in Personal Care Unit.	Demonstrate washing areas of skin where bone is near surface, e.g., near elbow. Explain why moving the patient is important.
Cardinal Symptoms	I. The normal body A. Conversion of food occurs normally B. Heart pumps steady C. Lungs take in regular air supply D. Body heat is constant	Use any of the new commercial models of body organs to introduce function of heart and lungs.	
	II. Vital signs A. Temperature	Discuss the temperature of the body as a sign of health.	
	1. Normal adult oral temperature — 98.6° F.	Explain the use of a clinical thermometer.	Draw a picture of a clinical thermometer and explain the various parts.
	2. Procedure in using a clinical thermometer	Demonstrate taking, reading, and charting a temperature.	
	3. Using a rectal thermometer 4. Reading a thermometer 5. Care of thermometer 6. Recording the reading 7. Axillary temperature	Students practice taking each other's temperature: — after running — after a cup of hot beverage — after a glass of ice water or coke	Read a thermometer accurately.
		Demonstration and feedback of axillary temperature.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Cardinal Symptoms cont'd.	B. Pulse		
	1. Normal, adult pulse rate from 72-80 beats a minute	Demonstration and practice of pulse rate after various forms of activity.	Feedback demonstration of taking a pulse reading.
	2. Factors which influence pulse a. sex b. exercise c. posture d. digestion e. physique f. emotion g. disease h. blood pressure	See (DENT) Video Tape, Lesson 7, TPR Theory.	Identify action taken by staff member when readings are not normal.
	3. Usually taken at wrist 4. Method for taking pulse 5. Recording pulse rate on TPR chart		
	C. Respiration	Demonstration and practice of reading respiration and pulse at the same time.	Feedback demonstration of pulse and respiration reading. Record accurately.
	1. Healthy adults breathe 16-20 times a minute 2. Factors influencing respiration		
	a. sex b. exercise c. digestion d. emotion e. disease f. drugs g. cold h. pain, fever, and shock	Have the students decide on several possible activities to undertake before doing a second and third reading. Divide into teams to check other students in the building, e.g., the gym, cafeteria, study hall, etc.	
	3. Inhalation and exnalation 4. Taking respiration count 5. Recording count accurately		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Skeletal System	I. The Body's Framework A. Bones 1. Hard 2. Elastic	Borrow a skeleton from the Science Department and invite the biology teacher to explain the major bones in the body and how they work.	Use a blank skeleton figure and the students will identify as many major bones as possible. This can also be done orally.
	B. Structure of bones 1. Blood vessels 2. Nerves 3. Cartilage 4. Marrow	Ask the students (or provide) to bring a chicken thigh bone to class. a. Explain various parts b. Break the bone and discuss marrow (Bone should not be cooked.)	
	C. Function of bones 1. Structural framework 2. Protection for various organs 3. Storage depot for minerals 4. Act as levers 5. Produce blood cells in the bone marrow		
Muscular System	II. Myology A. Muscular structure	Use transparencies to show various muscular structures.	
	1. Voluntary 2. Involuntary 3. Tendons 4. Types a. skeletal b. smooth c. cardiac	Learn names and purpose of major muscle structure. Recall information learned earlier in biology class and/or home nursing.	
	B. Muscular function 1. Produces movement 2. Maintains the body posture 3. Burns glycogen producing heat and energy		Use a simple multiple-choice quiz to evaluate knowledge.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Digestive System	III. Food Consumption and Absorption	Use overlay transparencies to show process of food to mouth, stomach, small intestine, large intestine and rectum.	
	A. The Alimentary Canal	Explain and discuss each step.	
	1. Stomach a. food enters b. glands secrete juices c. activates enzyme, pepsin d. food is converted into amino acids e. three to five hour process	Evaluate a television ad for a laxative or other product in light of the facts learned.	Provide students with a blank drawing of the digestive system. They can label parts and explain function.
	2. The small intestine a. duodenum b. jejunum c. ilium		
	3. The large intestine and rectum	Discuss laxatives and constipation explained in Unit VII.	
	B. A physical and chemical process		
Excretory System	IV. The Body's Filtering System	Use a diagram to explain various parts of the kidney.	
	A. The kidneys 1. Shaped like oversize kidney beans 2. Composed of microscopic tubules 3. Connected to bladder by the ureters	Bring a real pork or veal kidney to class (be sure it's refrigerated till use). Examine the organ inside and outside.	
	B. The bladder	Briefly discuss "uremic poisoning."	
	1. Hallow sac 2. Reservoir for urine	Discuss relationship with digestive system.	

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Excretory System cont'd.	C. The urethra 1. Conducts urine from bladder to point of discharge 2. Voluntarily controlled		Review major points in a quiz using completion items.
Circulatory System	V. Vascular system and structure. A. System 1. Arteries 2. Veins 3. Capillaries	Use transparencies or charts to show how blood moves in and out of the heart to maintain life.	
	B. Structure 1. Blood	Look at a drop of blood under a microscope.	
	a. thick, red liquid b. one-twelfth body weight c. six quarts in average body	Identify major problems related to this organ of the body.	
	d. transports oxygen e. removes waste f. maintains proper fluid balance g. defends body against disease	Explain the role of white cells, red cells and disease.	
	2. Heart a. acts as two pumps b. divides circulatory system c. rythmic cardiac contractions	Discuss the limited role of entry level personnel in cardiac cases.	Use a blank drawing of a heart. Have the students label the parts and colored pencils to show the flow of blood.
	C. Circulatory failures 1. Thrombosis 2. Embalisms 3. Strokes 4. Arteriosclerosis 5. Heart attack		

CONCEPTS	*CONTENT*	*LEARNING OPPORTUNITIES*	*SUGGESTED EVALUATION*
Circulatory System cont'd.	D. Hemorrhage	Use a water faucet without a handle to demonstrate.	
	E. An Aneurysm	Use a balloon to show what happens in an aneurysm.	
Respiratory System	VI. Breathing		
	A. Structure of the system 1. A series of passageways a. nose b. pharynx c. larynx d. trachea e. bronchi	Use overhead transparencies (or large-size charts) to discuss structure of the system.	
	B. Function of the system 1. Obtaining oxygen 2. Dispelling carbon dioxide 3. Exchange must be continuous	Relate to respiration studied earlier. Discuss the reasons why this is an import regular record.	Repeat respiration and pulse feedback demonstration to see if students remember.
Nervous System	VII. The Body's Communication System	Study the system using transparencies or charts.	
	A. Structure 1. Brain 2. Spinal cord 3. Nerves	Learn the names and positions of these parts of the body.	Use an instrument with matching items to evaluate.
	B. Autonomic nervous system 1. Automatic 2. reflexes	Invite an M.D. to the class to demonstrate the autonomic system. (Many students may have never had a physical exam and are unfamiliar with this aspect of their bodies.)	
	C. Central Nervous System 1. Brain		

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Nervous System cont'd.	a. cerebrum b. cerebellum 2. Spinal cord		
Reproductive System	VIII. The Body's Reproducing System A. The Female system B. The Male system	Bibliographical materials indicate that this unit is omitted, more often than not omitted, in the greatest number of sources. The topic needs to be discussed further and materials added to these suggestions.	

HEALTH SERVICES II

Curriculum Guidelines

Unit I Review of Content and Skills Developed in Health Services I

Unit II Recording Information

- A. Charting
    - 1. Temperature
    - 2. Pulse
    - 3. Respiration
    - 4. Blood Pressure*
    - 5. Intake and Output
- B. Anecdotal Information
    - 1. Objective
    - 2. Subjective

Unit III How the Body Systems Work

- A. Skeletal
- B. Nervous
- C. Respiratory
- D. Circulatory
- E. Digestive
- F. Elimination
    - 1. Discussion of enema*
    - 2. Observation of urine and stool

(The emphasis in the second course experience will be of greater depth and breadth of understanding. The students would be expected to more fully understand the processes involved in each system, as well as the relationship between systems.)

Unit IV Symptoms of Illness

- A. Nature of symptoms
- B. Methods of detection
    - 1. Objective
    - 2. Subjective

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*This is a debatable practice or skill required of nurse's aides. It is known that this is a local institutional decision and as such should be left to the health institution to teach.

Unit V	Care for Special Types of Patients
	A. Isolation
	B. Mother and Baby
	C. Diabetic
	D. Cardiac
	E. Geriatrics
Unit VI	Treatments
	A. Hot and Cold Pack Applications
	B. Sitz Bath
	C. Binders and Bandages
Unit VII	Physical Examinations and Positioning
Unit VIII	Pre-Operative and Post-Operative Care
Unit IX	Bed Bath and Back Rub
Unit X	Method of Transfer and Ambulation
Unit XI	Care of the Dying and Spritual Needs of the Patient
Unit XII	Counseling and Future Plans
	A. Job
	B. Further Training
	1. Scholarship
	2. Financial Aid
	C. Learning while Earning

It is suggested that at the conclusion of Health Services II, a set of competency evaluations which cover the basic knowledges and skills would be administered to each student. The student would be required to achieve at a performance level pre-determined by an advisory committee made up of representatives from institutions participating in the cooperative work experience and the health service staff in the school

These competencies should be made known to the students at the onset of the total experience. In this manner, the student can be evaluating his own progress as he moves through the sequence. In the opinion of this author, this is a vital aspect of the learning. The student must have a realistic perception of his own ability and the contribution these competencies will make in the total care of patients.

APPENDIX B

Bibliography for Secondary School Programs

Workbooks and Textbooks for Health Services I & II

Abdallah, Mary C., R.N., Nurses Aide Study Manual. Philadelphia: W. B. Saunders Co., 1965.

This manual is a very good source for both the Health Services I and the Health Services II. Some of the lessons are geared to the beginning course while other lessons can be omitted until the student is in the advanced course. It provides the reader with basic information required for actual patient care. The book deals with orientation, hospital ethics, human anatomy, basic procedures and techniques of care and actual situations like those in the hospital. It is written for students in a vocational type program. There are diagrams, summaries and even review questions to help the student learning processes. This manual is used in several schools at the present time.

Handbook for Nursing Aides can be obtained from the hospitals which the school uses for co-op. These are especially valuable because the student is able to learn the procedures used by the hospital or hospitals that his coordinator uses. These handbooks have instructions as well as sample charts, etc., used by the nurse aide.

Baron, Margaret Le., Thompson, Ella M., Simplified Nursing, Seventh edition. Philadelphia: J. B. Lippincott Co., 1960.

Most of the emphasis is for the practical nurse. There are up-to-date discussions on drugs and treatments in use at the present time. The history of the Practical Nursing profession and the laws governing this practice is dealt with. It also stresses the need for practical nurses. For those students who might possibly have an interest in this area this would be very helpful. The color diagrams of the human body are very detailed and illustrative. There is also a good section on patient care which the students would benefit from.

Basic Nursing Skills, Student Study Guide.
Produced by: Detroit Education for Nursing via 2500 Megacycle TV.
College of Nursing
Wayne State University
Detroit, Michigan

in cooperation with

Center for Instructional Technology
Wayne State University
Detroit, Michigan

This study guide is designed to go with the Tele-lesson tapes and would require supplementary reading on the part of the students plus a thorough study of the guide before classroom viewing of the tapes. This is the guide used in the first Health Services workshop held at Wayne State University for teachers interested in the field of Health Services as taught in the vocational departments of their respective schools. The students would surely find the guide informative and quite a different kind of learning experience. For additional information, contact the College of Nursing, Wayne State University, Detroit, Michigan.

Course Outline, Nurse Aide and Orderly Training Program. Senior Year. Cooperative Vocational Education for Lake Shore High School. Twelfth Grade Cooperative. Written By Robert M. Churly and Lois A. Marentette.

Units in instruction are given in outlined form. The materials are text-oriented with skills and procedures being intermingled within the instruction. The text was not available, but the outline seemed sufficient if correlated to a text.

Dakin, Florence and Thompson, Ella M., Simplified Nursing. Philadelphia: J. B. Lippincott Co.

"Intended mostly for the Practical nurse", although there are very good materials on the Human Body, Health, Illness, etc.

On page 469, there is a very good chapter entitled "Nursing Is an Art." This topic would be well worth having all the students read. There is also a good section on procedures such as bedmaking, admitting patients, transfer and additional information on types of illnesses. This book is recommended as a supplement for the nurse aide in Health Services I.

Diehl, Harold S., Laton, Anita D., Vaughn,Franklin C. Health and Safety for You, Second edition. New York: Webster Division, McGraw Hill Book Co., 1961.

"The second edition contains eight chapters on mental health and personality development. Profusely illustrated. Introduces the student to the areas of health and safety."

There is a section in this book on your body's supply systems which would be valuable to the nurse aides study for the Health Services Course. There is also a chapter on personality development that would be helpful in the Introductory Course as well as the Health Services Course. There are illustrative diagrams of the body.

Fuerst, Elinor and Wolff, Luverne, Fundamentals of Nursing, Third edition. Philadelphia: J. B. Lippincott Co., 1964.

This book is recommended highly as a textbook for the course which the students have copies of in the classroom or purchase as their own. It is very detailed and covers those areas of nursing care which the student would be responsible for knowing. Principles and guides in nursing care are given and elaborated upon clearly enough for classroom use. It presents concepts that are fundamental to the practice of the nurse aide for hospital co-op.

Handbook for Nursing Aides in Hospitals, Betty Golrick and Dorothy Sutherland, under the direction of Margaret G. Arnstein, Director of Nursing Resources, Public Health Service. American Hospital Association, c. 1957. 192 pages.

"This manual for teaching 67 simple nursing procedures served as the basis for a nationwide project for training nurses aides, sponsored by the National League for Nursing, Department of Hospital Nursing;

the Division of Nursing Resources, U. S. Public Health Service; and the Council on Professional Practices, American Hospital Association."

This handbook can be obtained from: American Hospital Association
840 N. Lake Shore Drive
Chicago, Illinois 60611
$2.00

Handbook for Nursing Aides in Hospitals, published by The American Hospital Association Council on Professional Practice, 840 N. Lake Shore Drive, Chicago 11, Illinois.

This booklet is based on training of the nurse aide. It is very illustrative. Specific emphasis is put on what is to be done and how effectively it can be done. There is very detailed information and illustration on care of patients, care of hospital equipment, and nursing techniques in general. These are supplemented by numerous illustrations. The illustrations are in aqua and white and very impressive. Highly recommended for the students.

Harmer, Bertha, R.N. A.M. Textbook of the Principles and Practice of Nursing. New York: The Macmillan Co., 1960.

"This text is intended as a guide to instructors and students of nursing and as a general reference for nurses practicing in hospital or clinic, office or home."

This book goes very thoroughly into fundamentals of nursing care. There are numerous picture illustrations and explanations. There is a section on common problems in nursing practice which would be ideal as a learning experience for the class. The role of the nurse aide in realistic situations is emphasized. For co-op students this book would be an excellent source for information they might want to look up on their own, or for outside readings to be followed by discussion.

Leake, Mary J., Manual of Simple Nursing Procedures. Philadelphia: W. B. Saunders Co., 1961.

"The purpose and content are to facilitate the training of nursing assistants, the attendant and nursing aide."

This manual has materials specifically related to the duties performed by the above persons. There are detailed explanations, drawings and step-by-step procedures. Questions are given at the end of the chapters. Illustrations are numerous and aid in clarifying the explanations that are not too clear.

Matheney, Ruth V., Nolan, Breda T., Ehrhart, Alice M., Griffin, Joanne King. Fundamentals of Patient Centered Nursing. St. Louis: The C. V. Mosby Co., 1964.

"This book is designed for beginning students in nursing and is based upon fundamental concepts that are applicable to all clinical areas in nursing. As such, it provides the basis upon which the unique aspects of each of the major clinical areas can be built."

This book contains very basic concepts and has many illustrations. It progresses from the very simple but fundamental to the more complex. The Health Team concept is discussed and so are the personalities of different workers and from there the basic needs of the patient are discussed and related to members of the Health Team. The latter part of the book becomes very deep for the students and deals with experiences that are complex and not the responsibility of the nurse aide. It is recommended that the last chapters on overt nursing and rehabilitation be omitted for the students.

Nursing Procedures, Chicago Michael Reese Hospital School of Nursing, Chicago, Illinois. March, 1942.

Procedures and equipment used for different jobs is given, but with no detailed plans or pictures. Not recommended for classroom use because of limited directions and illustrations.

Nordmark, Madelyn T. and Ronweder, Anne W., Scientific Foundations of Nursing, Second edition. Philadelphia: J. B. Lippincott Co., 1967.

"This book was conceived originally as a guide for teachers of nursing students. Since publication seven years ago, however, the book has been used increasingly by nursing students in both basic and graduate nursing programs. Comments and suggestions that filtered back to the authors seemed to indicate interest in a revision that would (1) increase the science content and the nursing application and (2) present the material in a form that might be more useful to students."

"This edition is an amalgamation of the data from the original and and expansion in the science and the related nursing."

This book is recommended as an excellent reference to the Health Services teacher and for the more advanced students. Especially good is the section on social science and nursing application dealing with attitudes, beliefs, behavior, etc.

Otto, James H., Julian, Cloyd J., Tether, Edward J. Modern Health. Holt, Rinehart and Winston, Inc., c. 1963.

"Modern Health is suited to either a one semester or a full year course in health and safety, offered at any level in the high school curriculum."

This book is especially good for the lessons on the human body. The systems of the body are diagrammed and the pages are so that parts of the body are on separate pages and can be lifted for clarification, viewing the number codes, and naming the parts of the body. These diagrams are of anatomical transparencies in vivid colors with a key to the different parts. For classroom use this is very dramatic and interesting to the students as well as an invaluable learning experience. There is a very good section on body mechanics and how the body works. Although this text would not be sufficient in all the other areas it is well worth while for the lessons on the body. Very good for both classes in Health Services I and II.

Price, Alice L., R.N., M.A. The Art, Science, and Spirit of Nursing. Third edition. Philadelphia: W. B. Saunders Co., 1965.

"The Art, Science, And Spirit of Nursing is now familiar as a text or reference work to students of nursing throughout this country and Canada."

Some of the reading as well as the materials presented in this text are beyond those of the nurse aide duties so that this text might be used for a reference for those students who are seeking additional information concerning a career. This book is not recommended for all students and the materials are not covered as thoroughly as they are in some other texts. There is a supplement for use with the book which the teacher uses. You would need quite a bit of extra reading to go along with the text if it were used in the classroom.

Reese, Dorothy E. How to be a Nursing Aide in a Nursing Home. Division of Nursing Resources, U. S. Public Health Service, c. 1958.

"This teaching manual uses simple, illustrated lessons to teach nursing aide procedures. It emphasizes rehabilitation and other needs of aged and chronically ill patients."

It can be obtained from: American Nursing Homes Association
1346 Connecticut Avenue N. W.
Washington, D. C.
$2.50

Rothweiler, Ella L., White, Jean Martin. The Art and Science of Nursing. Revised by Doris A. Geitzey. Sixth edition. Philadelphia: F. A. Davis Co., 1965.

This book contains 114 illustrations that are very good. It is excellent for students references. It has numerous charts, abbreviations and pictures. I recommend it for students reference, but it is not detailed in all areas.

Seedor, Mary M., Introduction to Asepsis, a programmed unit in the fundamentals of nursing. Bureau of Publications, Teacher College, Columbia University, 1963.

A very good check for the students to see if they really understand medical asepsis. Situations are given and there is a choice for the student to choose which answer best carries out the procedures in terms of medical asepsis. Some parts of the book are very good sources for classroom discussions. There is a guide included with the book that helps the teacher to set the stage for the material and helps her to evaluate the students in terms of their learning experiences.

Sutton, Audrey Latshaw. Bedside Nursing Techniques in Medicine and Surgery. Philadelphia: W. B. Saunders Co., c. 1964.

"This book is designed to serve as a handbook of practical information for the bedside nurse. It is a reference for all those occasions when the hurse knows what to do but can't quite remember how to go about doing it."

The first chapter is very detailed in relation to the modern hospital with information about the units, equipment, etc. The procedures to be used are discussed and pictures and diagrams are shown. This effective use of diagrams and pictures is quite good.

Winters, Margaret Campbell. Protective Body Mechanics in Daily Life and in Nursing. Philadelphia: W. B. Saunders Co., 1952.

"A manual for nurses and their co-workers." 150 pages.

References for the Co-ordinator or Health Teacher in Setting Up Stations for Work or Practice Situations

Henriksen, Heide L. Curriculum Study of the Occupational Health Aspects of Nursing, C. 1959.

This an excellent reference for teachers for an insight into what other places, as well as schools, are doing about health service personnel. It is especially helpful in listing duties of members of the health team, employment figures, and evaluations. There are evaluation excerpts and examples so that you have a guide to help students understand what they can expect to be graded upon and what they should know in a given position.

Homburger, Freddy and Bonner, Charles D., Medical Care and Rehabilitation of the Aged and Chronically Ill. Boston: Little, Brown, and Co., 1964.

For those students who will be dealing with the elderly patient, this is a very helpful source of information. Some parts of the book are not functions of the nurse aide but others listed are.

Horizons Unlimited, A Medical Careers Handbook. c. 1967.

A very concise paper-bound pocketbook-size edition on careers for those interested in the health field. Specific emphasis on what is available to the student in different areas of health occupations, qualifications necessary and the course of study needed. Tells where the student can get the training for a specific job in Michigan. May be obtained free of charge from the Michigan Health Council, 712 Abbott Road, East Lansing, Michigan.

Lambertsen, Eleanor C. Nursing Team Organization and Functioning. Bureau of Publications, Teachers College, Columbia University, 1953.

"This publication is the outgrowth of experimentation designed to solve the problem of utilizing nursing personnel in hospitals most advantageously."

Good information is given on the health team. Types of training for the health nurse, duties, etc., are clarified. The main emphasis is on working together and even though the book is not a recent one, this section on team efforts could be used.

O'Donnell, Beatrice, Associate Professor, College of Education, Michigan State University. Worker Requirements and Methods of Entry into Home Economics and Community Occupations Related to Home Economics.

"Brief dscriptions of specific occupations classified into six clusters. Highlights of areas of Work and Worker Trait Groups for Individual Occupations."

"Selected from the Dictionary of Occupational Titles, Vol. Iand II. Third edition, 1965. The Executive Board of the Michigan Home Economics Association reacted to the proposed method for identification of Home Economics related occupations and provided names of persons who were knowledgeable about the extent home economics was needed for job competence or job training for specific occupations."

Pearl, Arthur and Riesman, Frank. New Careers for the Poor. New York: The Free Press of Glencoe, c. 1965.

"This book offers a powerful new approach to the war on poverty. The basic idea is to develop four to six million meaningful careers not merely jobs for the poor in the helping profession, such as social work, teaching, recreation, and health services."

This book can be a valuable aide to the co-ordinator.

Skipper, James K. Jr. and Leonard, Robert C. Social Interaction and Patient Care. Philadelphia: J. B. Lippincott Co., 1965.

"Well researched readings that serve as a link between the social sciences and clinical practice, including the nurses' role."

This is an excellent reference for students to use for readings concerning the care of patients. The articles that you could assign from Skipper would help the students to realize the needs and anxieties of the ill. This may serve as a supplementary reading guide before role-playing.

You, Your Job, and Your Future. By the editors of Changing Times. Published by the Kiplinger Washington Editors, Inc., Washington, D. C., 1964.

"This book will help you with an analysis of yourself. It will also help you with some pertinent facts about specific jobs and careers and the mechanics of getting and keeping the job you want. It offers no scientific formulas and no guarantees of success. All it attempts to do is to give you a shove -- a shove toward further thinking about yourself, your qualifications, your temperament, the job you fill or the job you would like to fill."

Desirable for the introductory course as a supplement for those students who are unsure about their ability to become a member of the health team and if so, in what area. The reading is very clear and easy to understand. Then for those students on co-op, it has valuable information on getting a job. Quite informative.

For additional information concerning career opportunities existing in the health field in Michigan, write to;

Michigan Health Council
712 Abbott Road
East Lansing, Michigan

or

Michigan State Medical Society
120 West Saginaw Street
East Lansing, Michigan

Periodicals

These periodicals are listed because they are a valuable aid for the teacher to use in relating the most current medical articles to the students. Some of the articles may be used as classroom reading assignments.

American Journal of Nursing, J. B. Lippincott Co.; East Washington Square; Philadelphia, Pennsylvania, 19105.

The Journal of the American Medical Association (J.A.M.A.) published under the auspices of the Board of Trustees; c. by the American Medical Association.

The Journal of Nursing Education, Blakiston Division, McGraw Hill Book Co.; 330 West 42nd Street, New York, New York, 10036.

Journal of Psychiatric Nursing and Mental Services; Box 204, Bordentown, New Jersey, 08505.

Michigan Hospital, official Journal of the Michigan Hospital Association. Published monthly by the Michigan Hospital Association, 2213 East Grand River; Lansing, Michigan, 48912.

Nursing Outlook, W. B. Saunders Co., Philadelphia,Pennsylvania.

Nursing Research, sponsored by the National League for Nursing; The American Nurses Association; 1315 Cherry Street, Philadelphia, Pennsylvania.

Scientific American, est. 1845. Published monthly, 415 Madison Avenue, New York, New York, 10017.

World Health, the magazine of the World Health Organization; Columbia University Press; International Documents Service; 136 South Broadway, Irvington on Hudson, New York, New York, 10533.

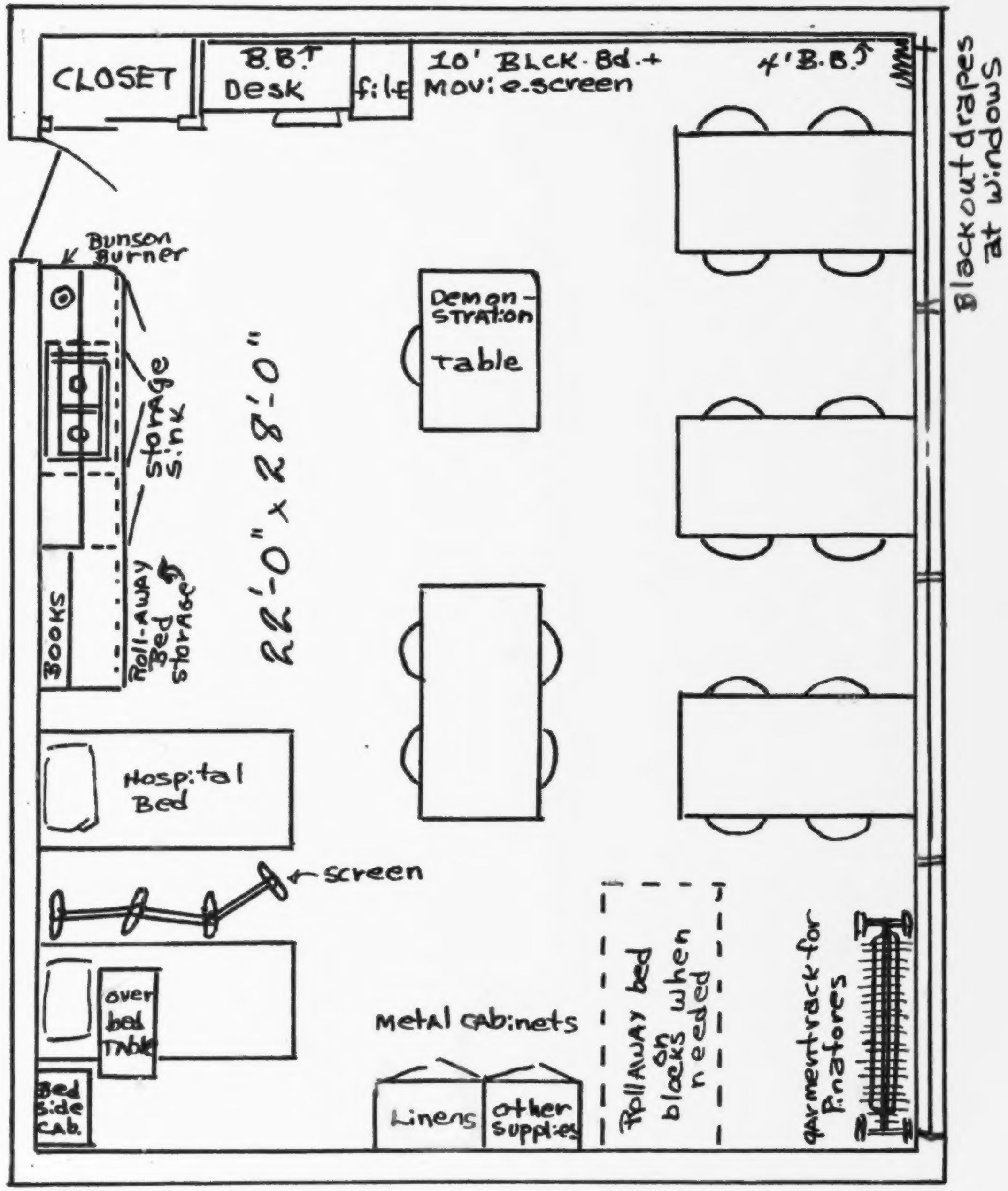
APPENDIX C

Floor Plans and Equipment Lists

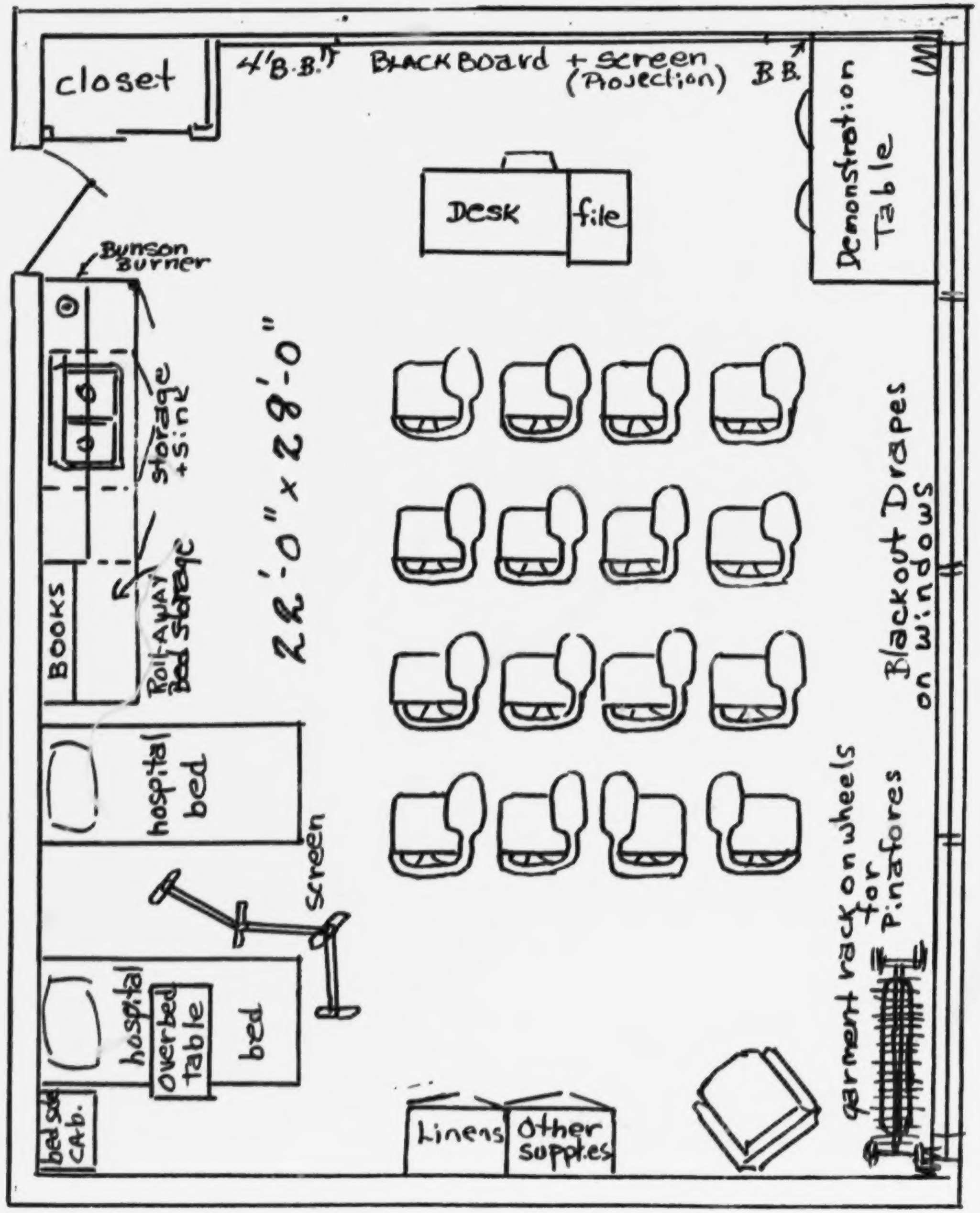
MINIMUM FACILITY FOR A BEGINNING PROGRAM OFFERING

616 SQ. FT. For 16 students

A. with tables

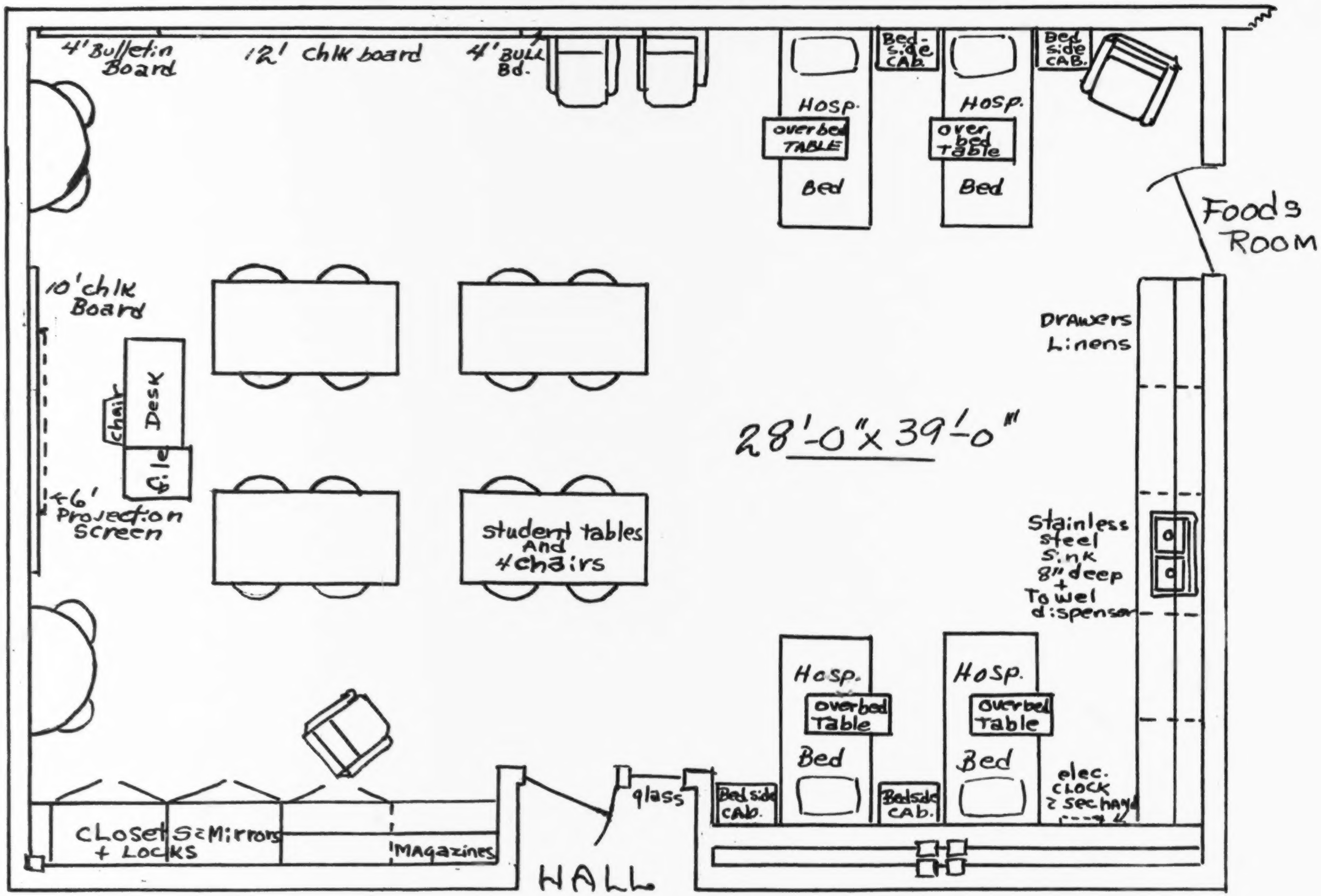

CLOSET
B.B.
DESK
file
10' BLCK. Bd. + Movie screen
4' B.B.
Blackout drapes at windows
Bunson Burner
storage
sink
Roll-AWAY Bed storage
BOOKS
22'-0" x 28'-0"
Demon-STRATION table
Hospital Bed
screen
over bed Table
Bed Side CAB.
Metal Cabinets
Linens
other supplies
RollAWAY bed on blocks when needed
garment rack for Pinafores

B. with paddle armchairs


closet
4' B.B.
BLACKBOARD + screen (Projection)
B.B.
Demonstration Table
DESK
file
Bunson Burner
storage + sink
Roll-AWAY Bed storage
BOOKS
22'-0" x 28'-0"
Blackout Drapes on windows
hospital bed
screen
hospital bed
Overbed table
bed side CAB.
Linens
Other supplies
garment rack on wheels for Pinafores

ADEQUATE FACILITY ~ WITH SOME DEFICIENCIES

1092 SQ FT. 18 to 20 students


4' Bulletin Board
12' chlk board
4' BULL Bd.
Bed-side CAB.
Bed side CAB.
Hosp.
overbed TABLE
Bed
Hosp.
over bed Table
Bed
Foods ROOM
10' chlk Board
Desk
chair
file
+6' Projection Screen
student tables And 4chairs
28'-0" x 39'-0"
Drawers Linens
Stainless steel Sink 8" deep + Towel dispenser
Hosp.
overbed Table
Bed
Hosp.
overbed Table
Bed
Bed side CAB.
Bedside CAB.
elec. CLOCK 2 sec hand
glass
HALL
CLoset s: Mirrors + Locks
Magazines

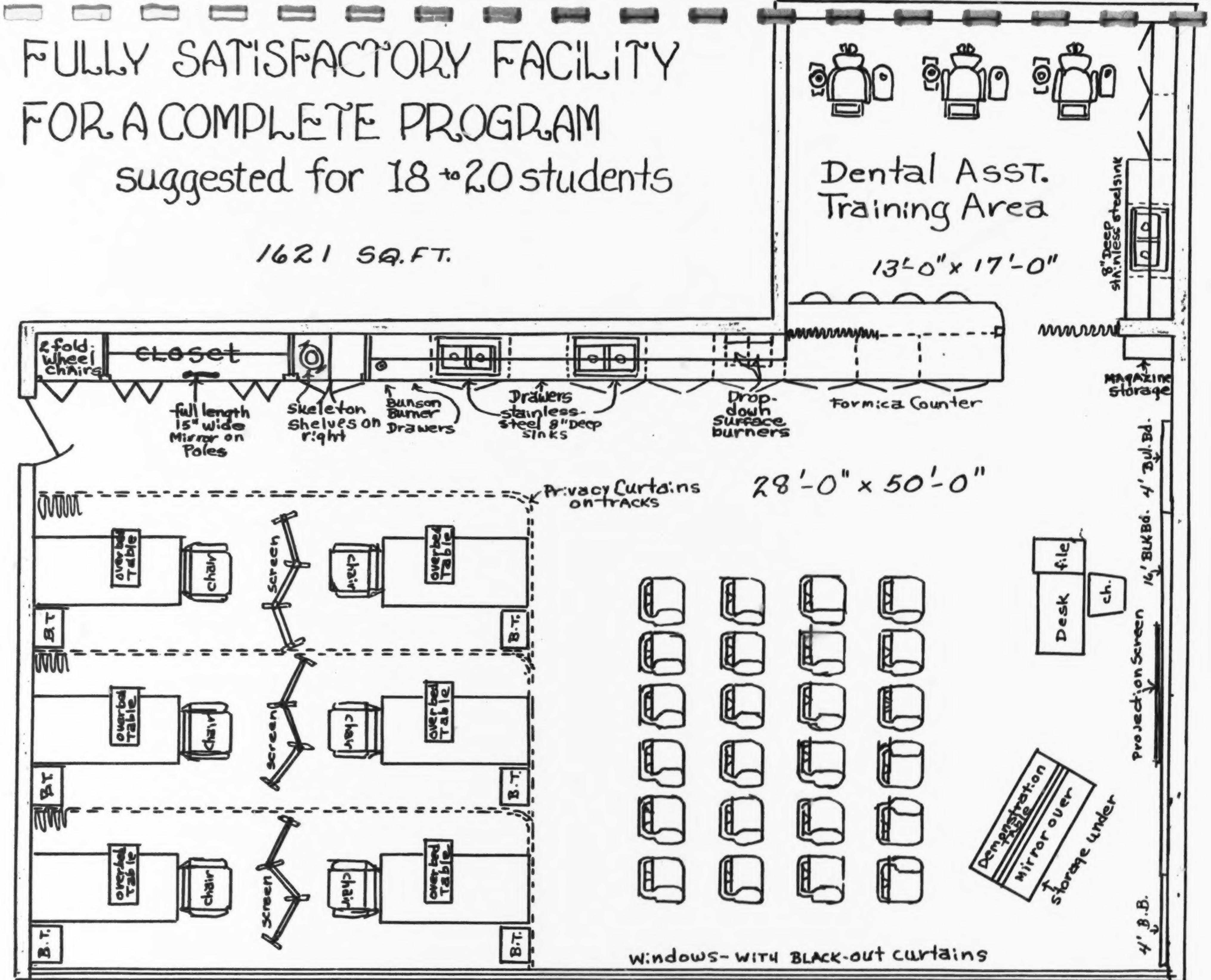
air-conditioned inside room

Scale 3/16" = 1 foot

FULLY SATISFACTORY FACILITY
FOR A COMPLETE PROGRAM

suggested for 18 to 20 students

1621 SQ.FT.


Dental ASST.
Training Area
13'-0" x 17'-0"
8" Deep stainless steel sink
Magazine storage
Formica Counter
2-fold. Wheel chairs
closet
full length 15" wide Mirror on Poles
Skeleton shelves on right
Bunson Burner Drawers
Drawers
stainless-steel 8" Deep sinks
Drop-down surface burners
28'-0" x 50'-0"
Privacy Curtains on tracks
over bed Table
chair
screen
B.T.
Desk
file
ch.
4' Bul. Bd.
16' BLK Bd.
Projection Screen
Demonstration Table
Mirror over
Storage under
4' B.B.
Windows- WITH BLACK-out curtains

APPENDIX D

Community Survey Instrument

SURVEY
for
NURSE AIDE PREPARATION FOR EMPLOYMENT

Name of Institution ______________________________

Address ______________________________ Phone: __________

Person completing Questionnaire ______________________________
name title

Total number of Nurse Aides presently employed or desired on staff ______________

Approximate turnover in Nurse Aides (No. jobs available per month) ______________

Salary Range: ____________ to ____________
starting maximum

* * * * * * * * * * * * * * *

QUALIFICATIONS for employment (circle, check, or fill in as needed): Minimum age ________

Education: High School graduate? yes no

Prior Nurse Aide Training Course? required desirable

Do you offer a training course at start of employment? yes no

If so, length of time involved in training course: ______________

"On the Job" training given after employment? yes no

Work experience elsewhere required? yes no

If yes, length of experience required: ______________

* * * * * * * * * * * * * * *

SKILLS/KNOWLEDGE NEEDED	Minimum for employment	Within range of duties anticipated	Desirable or of value if known
Bedmaking			
unoccupied			
occupied			
Wash face and hands			
Bed bath			
partial			
full			
Alcohol sponge bath			
Sitz bath			
Oral Care (mouth, teeth, dentures)			
Shampoo hair			
Brush hair			
Shave male patient			
Back rubs			
Massage			
Range of Motion Exercises			
Lift or move patient			
Wheel Chair/Stretcher Transfers			
Positioning patient			
in bed			
for examination			
Pass drinking water			
Serve Food			
Feed helpless patient			
Measure and record Intake			
Bed Pan Service			
Urinal Service			
Measure and record Output			

SKILLS/KNOWLEDGE NEEDED	Minimum for employment	Within range of duties anticipated	Desirable or of value if known
Collect specimens			
Feces	______	______	______
Urine	______	______	______
Sputum	______	______	______
Test diabetic urine	______	______	______
Clean equipment	______	______	______
Sterilize equipment	______	______	______
Take TPR's	______	______	______
Take Blood Pressure	______	______	______
Charting	______	______	______
Enemas			
Cleansing	______	______	______
Irrigations			
Douches	______	______	______
Ear	______	______	______
Stomach	______	______	______
Insert Tubes/Catheters	______	______	______
Apply Binders	______	______	______
Change Bandages	______	______	______
Give Injections	______	______	______
Hot/Cold Packs and Applications	______	______	______
Care of Patient in Traction	______	______	______
Isolation Care	______	______	______
Pre-Operative Care	______	______	______
Post-Operative Care	______	______	______
Cleaning the Unit	______	______	______

Others?

Please list any additional tasks that may have been overlooked due to my own unfamiliarity with this field.

If our school were to initiate a Nurse Aide Training Course, would your Institution consider working out a Co-Op program to enable the students to gain further experience? ______

Would you or someone from your staff be willing to become a part of an Advisory Committee in setting up such a course? ______

If you have any available material such as Job Description, List of Duties, Employment Data, or Tests used in hiring Nurses Aides which you would be willing to share, I would appreciate your forwarding this.

APPENDIX E

Workshop Evaluation

WAYNE STATE UNIVERSITY

FAMILY LIFE EDUCATION DEPARTMENT

Health Services Workshop
July, 1968

FINAL EVALUATION

The original proposal to the Michigan Department of Education, Division of Vocational Education included five (5) basic objectives for the workshop:

1. Develop an understanding of the scope of the health occupations with an emphasis on setting up high school courses and experiences within these courses.
2. Prepare teachers to conduct health occupation courses in secondary schools through an intensified educational experience in the significant content areas.
3. Develop some curriculum materials for teaching based on the educational experience in the content areas stressing sound educational objectives.
4. Field-test the developed materials as courses are offered in the secondary schools.
5. Evaluate the feasibility of this type of workshop of the college campus in relation to future plans.

Part I

As a member of the workshop, discuss how the objectives were met from your own point of view. It is apparent, that No. 4 should be omitted at this time.

In No. 5, be sure to include suggestions for future workshops and the work experience for teachers discussed in class. If there are specific content experiences which you feel should be included with the work experiences, describe these as well.

Include your name and the date on the paper representing Part I.

Part II

This portion of the evaluation may be done anonymously. In any event, it should be on a separate sheet of paper.

From your point of view,

a. What were the strengths of the workshop?

b. What were the weaknesses of the workshop?

c. Did you feel the time allowed was sufficient for the tasks to be accomplished?

d. Would you feel competent to begin developing a program in your own school?